

BUILDING CONNECTIONS in AGED CARE

FINAL REPORT



Building Connections in Aged Care

Developing Support Structures for Student Nurses on
Placement in Residential Care

Final Report

SNM Aged Care Report No. 4

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Linda Jongeling, Matthew Fassett, Carey Mather

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Vaucluse Gardens
Residential Care



OneCare



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Table of Contents

EXECUTIVE SUMMARY AND RECOMMENDATIONS.....	1
BACKGROUND	1
RESEARCH APPROACH	2
THE THREE STAGES OF THE BUILDING CONNECTIONS IN AGED CARE PROJECT	2
<i>Developing quality clinical placements in aged care</i>	3
<i>Project steering committee</i>	3
<i>Report structure</i>	4
DISCUSSION AND RECOMMENDATIONS.....	4
<i>Recruitment into aged care: Change in student attitude to working in the sector</i>	4
Evaluating transferability.....	5
Evaluating the impact of prior experience in aged care and student age on career intentions	6
Evaluating sustainability.....	6
Evaluating impact.....	6
Other issues impacting on recruitment: Living on the edge.....	7
<i>Issues around the orientation of students</i>	9
<i>Continuity between students and preceptors</i>	10
<i>Student activities & supervision</i>	12
Student activities in aged care.....	12
Students working with supervised practitioners.....	13
Preparing PCAs to work with students	14
Student involvement with residents	15
<i>Building capacity among aged care nurses</i>	15
<i>Final Comment</i>	17
1. BACKGROUND.....	18
PRECURSORS TO THE ‘BUILDING CONNECTIONS IN AGED CARE’ PROJECT	18
ESTABLISHING THE ‘BUILDING CONNECTIONS IN AGED CARE’ PROJECT.....	19
STAGE 1 OF THE BUILDING CONNECTIONS IN AGED CARE PROJECT	19
STAGE 2 OF THE BUILDING CONNECTIONS IN AGED CARE PROJECT	20
STAGE 3 OF THE BUILDING CONNECTIONS IN AGED CARE PROJECT	20
LOCATING ‘BUILDING CONNECTIONS’ PROJECT WITHIN AGED CARE	21
2. METHODOLOGICAL APPROACH	25
FOURTH GENERATION EVALUATION	25
DATA COLLECTION	25
<i>Research meetings</i>	25
<i>Student and preceptor evaluations</i>	25
<i>Supervision and placement activities log</i>	26
Training students to use the Supervision and Placement Activities Log.....	27
Completing the Supervision and Placement Activities Log.....	27
Limitations of the Supervision and Placement Activities Log.....	27
ETHICS APPROVAL.....	28
DATA ANALYSIS	28
<i>Qualitative data analysis</i>	28
<i>Quantitative data analysis</i>	30
Preceptor and student evaluations.....	30
Supervision and placement activities log.....	30
IT INTERFACE – RECIPROCITY AND SHARING OF DATA.....	30
<i>IT access issues</i>	32
3. RESEARCH DESIGN	34
PARTICIPANTS	34
<i>University of Tasmania (UTAS) investigators</i>	34
<i>Aged care facility partners</i>	34
<i>University of Tasmania student nurses</i>	34
<i>Project Steering Committee</i>	34
<i>Project research team</i>	35
PROJECT STRUCTURE	35
<i>Project time lines</i>	36

<i>Project Stages</i>	37
Details of Stage 1.....	37
Details of Stage 2.....	38
Details of Stage 3.....	38
RECRUITMENT	39
<i>Student recruitment</i>	39
<i>Preceptor recruitment</i>	40
PREPARATION OF STUDENTS AND PRECEPTORS.....	41
<i>Student preparation</i>	41
<i>Preceptor preparation</i>	42
ATTENDANCE AT WEEKLY MEETINGS	42
<i>Preceptor attendance</i>	42
<i>Student attendance</i>	44
4. BACKGROUND DATA	46
FACILITY INFORMATION	46
<i>Staffing profile for each participating facility</i>	46
<i>Staffing Profile By Shift</i>	48
STUDENT DEMOGRAPHICS & EXPECTATIONS	49
PRECEPTOR DEMOGRAPHICS	52
5. LIVING ON THE EDGE – ISSUES IN RECRUITMENT AND RETENTION.....	56
BACKGROUND	56
STUDENT INTEREST IN WORKING IN AGED CARE	57
<i>Stage 1 Findings — Student career intentions</i>	57
<i>Stage 2 Findings — Student career intentions</i>	58
<i>Stage 3 Findings: Student career intentions</i>	59
<i>Factors impacting on student career intentions</i>	60
The issue of meeting attendance in RACF 1 and 2	60
Why poor attendance rate?	60
Students' Experience in the RACFs	62
Student assessment of preceptors and PCAs.....	62
Student vs preceptor preceptors of teaching and learning	66
Impact on career intentions.....	71
<i>Living on the Edge</i>	73
SUMMARY	75
6. ORIENTATION OF STUDENTS	77
INTRODUCTION	77
STAGE 1	78
STAGE 2.....	80
<i>Three Phase Orientation process</i>	80
Phase 1 – Supply of Information relating to students	80
Phase 2 – Identification of key stakeholders and formation of a preceptor group	81
Phase 3 – Preparation of staff and development of resources	82
STAGE 3.....	83
<i>Phase 1 – Supply of information relating to students</i>	83
<i>Phase 2 – Identification of key stakeholders and formation of a preceptor group</i>	84
<i>Phase 3 – Preparation of staff and development of resources</i>	84
The Value of Preparation.....	85
<i>Implementing orientation strategies</i>	86
<i>The value of a thorough orientation</i>	89
SUMMARY	90
7. CONTINUITY BETWEEN STUDENTS AND THEIR PRECEPTORS.....	91
INTRODUCTION	91
STAGE 1	92
<i>Continuity and the effect of an itinerant workforce</i>	92
<i>Continuity of preceptors – Benefits</i>	93
<i>Continuity of Place</i>	94
STAGE 2.....	94
<i>Continuity - Benefits</i>	95

<i>Continuity of Place and Acceptance of students</i>	95
STAGE 3.....	96
<i>Analysis of the Supervision and Placement Activities Log with respect to continuity</i>	97
BENEFITS OF CONTINUITY	97
<i>Building a rapport</i>	97
<i>Ability of preceptors to structure learning and assess students' progress</i>	98
<i>Student confidence, competence and continuity</i>	98
<i>Continuity in place and acceptance into the workplace</i>	99
SUMMARY	100
8. SUPERVISION AND STUDENT ACTIVITIES.....	102
INTRODUCTION	102
WHO STUDENTS WORKED WITH	104
STUDENT INVOLVEMENT IN CLINICAL ACTIVITIES	107
ACCOUNTS OF STUDENT INVOLVEMENT IN CLINICAL ACTIVITIES.....	109
<i>Medication management</i>	109
<i>A range of nursing experiences</i>	111
<i>Hygiene and activities of daily living</i>	112
<i>Technical procedures</i>	113
SUPERVISION OF STUDENTS	113
<i>Indirect supervision practices</i>	114
<i>Students working with PCAs: Information transfer and supervision practices of preceptors</i>	115
<i>Direct supervision practices</i>	117
SUMMARY	117
9. STUDENT NURSES EXPERIENCES OF WORKING WITH ELDERLY RESIDENTS	119
INTRODUCTION	119
CONFRONTING ISSUES.....	119
<i>Dealing with dementia</i>	120
DEVELOPING POSITIVE AND VALUED RELATIONSHIPS WITH RESIDENTS	122
SUMMARY	125
10. BUILDING CAPACITY IN AGED CARE — PARTICIPATION IN THE RESEARCH.....	126
INTRODUCTION	126
<i>The value of meeting together</i>	127
<i>The importance of meeting together</i>	127
<i>Improving knowledge and confidence</i>	128
<i>Working with students</i>	132
SUMMARY	133
11. APPENDICES	135
APPENDIX 1: METHODOLOGY: FOURTH GENERATION EVALUATION	135
Methodological Approach	135
APPENDIX 2: STUDENT NURSE INITIAL EVALUATION - PART 1	137
APPENDIX 3: RN/EN INITIAL EVALUATION.....	140
APPENDIX 4: STUDENT NURSE INITIAL EVALUATION – PART 2	144
APPENDIX 5: ORIENTATION CHECKLIST – STUDENT	145
APPENDIX 6: STUDENT NURSE FINAL EVALUATION OCTOBER 2004	147
APPENDIX 7: STUDENT SURVEY STAGE 2 OCTOBER 2004	152
APPENDIX 8: RN/EN FINAL EVALUATION OCTOBER 2004	153
APPENDIX 9: PRECEPTOR SURVEY STAGE 3 OCTOBER 2004.....	157
APPENDIX 10: SUPERVISION AND PLACEMENT ACTIVITIES LOG.....	158
APPENDIX 11: LETTER	164
APPENDIX 12: ANALYSIS OF SUPERVISION AND PLACEMENT ACTIVITIES LOG.....	165
12. REFERENCES	168

Table of figures and tables

Figure 1: Electronic distribution of research case notes	31
Figure 2: Project web site.....	32
Figure 3: Preceptors - Access to weekly case notes	33
Figure 4: Project structure	35
Figure 5: Preceptor Attendance rate	44
Figure 6: The value of research group meetings	45
Figure 7: Student nurse age.....	49
Figure 8: Previous aged care experience	50
Figure 9: Previous aged care role	50
Figure 10: Years worked in aged care.....	51
Figure 11: Response to being informed of the placement	51
Figure 12: Attitude towards working with elderly residents	52
Figure 13: Preceptor age	52
Figure 14: Preceptor roles	53
Figure 15: Number of years preceptors have worked in aged care	53
Figure 16: Years worked in current facility	53
Figure 17: Preceptor prior training.....	54
Figure 18: Postgraduate qualifications	54
Figure 19: Student Nurse – Career Intentions	57
Figure 20: Change in student attitude – Stage 2.....	58
Figure 21: Change in student attitude – Stage 3.....	59
Figure 22: Change in student attitude – Stages 1-3	60
Figure 23: Comparison of Friendly Preceptors - Stage 3	63
Figure 24: Comparison of Supportive Preceptors - Stage 3	63
Figure 25: Comparison of Helpful Preceptors - Stage 3.....	63
Figure 26: Comparison of useful information from preceptors - Stage 3.....	64
Figure 27: Comparison of Friendly PCAs - Stage 3.....	64
Figure 28: Comparison of Supportive PCAs - Stage 3.....	64
Figure 29: Comparison of Helpful PCAs - Stage 3	65
Figure 30: Comparison of Useful information from PCAs - Stage 3	65
Figure 31: RACF 1 and 2 Helpful Preceptors RACF - Stages 1 - 3.....	65
Figure 32: RACF 1 and 2 Friendly Preceptors RACF - Stages 1 - 3.....	66
Figure 33: RACF 1 and 2 Supportive Preceptors RACF - Stages 1 - 3.....	66
Figure 34: Student Survey Response - Stage 1	67
Figure 35: Student Survey Response - Stage 2	67
Figure 36: Student Survey Response - Stage 3	68
Figure 37: Student Survey Responses: Stages 1 - 3 in RACF 1 and 2	68
Figure 38: Student Survey Responses: Stages 1 - 3 in RACF 3 - 6.....	69
Figure 39: Student Vs Preceptors Stage 3 — RACFs 1 and 2.....	70

Figure 40: Student Vs Preceptors Stage 3— Other RACFs	70
Figure 41: Student Vs Preceptors Stage 1 — RACF 1 and 2	71
Figure 42: Student Vs Preceptors Stage 2 — RACF 1 and 2	71
Figure 43: Student career intentions RACFs 1 and 2 — Stages 1-3.....	72
Figure 44: Student career intentions Stage 3 — RACFs 1 and 2 vs others	72
Figure 45: Student career intentions Stage 3 — RACF 1 and 2.....	73
Figure 46: Student career intentions Stage 3 — RACF 3-6	73
Figure 47: How students were made to feel on arrival.....	85
Figure 48: Students' perceptions of their preceptors (level of friendliness).....	86
Figure 49: Career intentions	89
Figure: 50 Student Nurse – Working with families.....	100
Figure: 51 Student Nurse – Importance of continuity of care	100
Figure 52: Summary of supervision type by week for a combination of Stage 2 + Stage 3 with direct and indirect supervision isolated	114
Figure 53: Students as a benefit to residents	123
Figure 54: Students enjoy working with residents	124
Figure 55: Student surprise working with residents	124
Figure 56: Meeting to facilitate preceptorship	127
Figure 57: Confidence in being a preceptor	129
Figure 58: Knowledge of being a preceptor	129
Figure 59: Significance of feedback - Preceptors.....	130
Figure 60: Significance of feedback - Students.....	130
Figure 61: Preceptors - Usefulness of case notes	131
Figure 62: Students - Usefulness of case notes	132
Figure 63: Active Learning	132
Figure 64: Reflection on Practice	133
Table 1: Analytical categories for assessing preceptor and student issues Stage 2	29
Table 2: Analytical categories for assessing preceptor and student issues Stage 3	29
Table 3: Project timelines.....	36
Table 4: Stages 1-3 student placement by RACF.....	40
Table 5: Number of new preceptors for Stages 2 and 3 in each RACF.....	41
Table 6: Preceptor attendance by RACF groups Stages 1-3.....	43
Table 7: Preceptor attendance by project Stages	43
Table 8: Student attendance by region (Stage 3)	44
Table 9: Student attendance by region (Stage 2)	44
Table 10: Student attendance by region (Stage 1).....	45
Table 11: Number of resident beds by RACF (July 2004).....	46
Table 12: Staff profile by facility (Stage 3).....	47
Table 13: Staffing profile by facility (Stage 2).....	47

Table 14: Staffing profile by facility (Stage 1).....	48
Table 15: Staffing profile per shift by facility (Stage 2)	48
Table 16: Staffing profile per shift by facility (Stage 3)	49
Table 17: Type of preceptor training undertaken	54
Table 18: Type of postgraduate qualification - Stages 1, 2 and 3 comparison	55
Table 19: Questions asked of students regarding teaching and learning	66
Table 20: Questions asked of preceptors regarding teaching and learning	69
Table 21: Orientation Checklist Stages 1 - 3	88
Table 22: Supervision by RACF for a combination of Stage 2 and Stage 3, with supervision types aggregated to the level of RN, EN	104
Table 23: Supervision by RACF for Stage 2, with supervision types aggregated to the level of RN, EN	105
Table 24: Supervision by RACF for Stage 3, with supervision types aggregated to the level of RN, EN	105
Table 25: Percentage of time spent on particular activities, all RACFs for Stage 2 and Stage 3	107
Table 26: Percentage of time spent on a particular activity by RACF – Stage 3	108

Glossary

- CACNSS Commonwealth Aged Care Nursing Scholarship Support Systems
- DON Director of Nursing
- PCA Personal Care Assistants
- ECA Extended Care Attendant (equivalent to PCA)
- EN Enrolled Nurse
- FTP File Transfer Protocol
- PC Personal Carer (equivalent to PCA)
- RACF Residential Aged Care Facility
- RN Registered Nurse
- SNM School of Nursing & Midwifery
- VET Vocational Education and Training Sector
- RCS Resident Classification Scale

Executive Summary and Recommendations

Background

While the aged care industry is a major employer in the Australian economy (Hogan 2004), there are longstanding concerns regarding the recruitment and retention of Registered Nurses (RNs) into the sector. In Tasmania the situation has been exacerbated by the historically limited engagement of undergraduate nursing students in residential aged care facilities (RACFs). Moreover, anecdotal evidence suggests that earlier attempts to place student nurses in aged care only serves to reinforce their ageist attitudes and a resolve among students not to choose aged care as a career option.

To address these concerns, in 2001, the School of Nursing and Midwifery (SNM), University of Tasmania, collaborated with two aged care industry partners, the Park Group and Masonic Homes Launceston, to test the potential for re-introducing second-year nursing students into RACFs. This initiative resulted in the project 'Making Connections in Aged Care' (Robinson et al. 2002). As the first expression of collaboration between the School and aged care industry in Tasmania, the project aimed to facilitate a positive experience for second-year undergraduate nursing students on clinical placement in aged care.

Following the success of the Making Connections in Aged Care Project, the School received funding from the Australian Government Department of Health and Ageing (DoHA) to further develop the project in other aged care contexts, as a part of the Commonwealth Aged Care Nursing Scholarship Support Systems (CACNSS). This project was known as 'Building Connections in Aged Care'. The intention was to test the approach used in 'Making Connections' across other RACFs which, unlike the Park Group and Masonic Homes Launceston, had limited prior involvement with the university sector and were in effect 'green field' locations – more representative of residential aged care facilities in general.

The overarching aim of the Building Connections in Aged Care project was to develop quality clinical placements in aged care. Specific aims include:

1. Developing sustainable support structures for undergraduate nursing students in practice in residential aged care, including CACNSS scholarship holders.
2. Promoting aged care as an attractive working environment for student nurses and to facilitate their interest in working in the sector.
3. Facilitating professional development among aged care nurses to increase their capacity to effectively support undergraduate students in aged care.
4. Developing linkages between the SNM and the aged sector in Tasmania.
5. Building capacity among the aged care nursing workforce in the participating RACFs to develop them as key sites for teaching and research in aged care within Tasmania.

The project proceeded over three stages between September 2003 and April 2005. Leveraging off its well-established networks within the aged care sector, the SNM negotiated with six aged care industry partners, located in the north, north-west and south of Tasmania, to take part in the project. These included Karingal Home for the Aged, The Manor Nursing Home, Mount St Vincent's Nursing Home, Presbyterian Homes Launceston, Queen Victoria Home for the Aged and Vacluse Gardens Lodge. The industry partners provided funding to support Stage 3 of the project, while the SNM contributed equivalent in-kind support.

Research approach

Like the 'Making Connections' study, the Building Connections in Aged Care project also utilised a Fourth Generation Evaluation method. This method has a strong focus on promoting the research participants' involvement as collaborators in the research process.

Participants included three different groups of student nurses (n=61) who took part in three week clinical placements in the six RACFs, as well as their RN and Enrolled Nurse (EN) preceptors (n=37), who worked with them in practice. To implement the method both students and preceptors met in separate, weekly parallel group discussions during the three week practicum. In total three preceptor groups and three students groups were established, each associated with the participating RACFs located in the three regions of the State. In each region both students and preceptors, from the paired facilities, came together to meet in separate preceptor and student groups. A feedback loop between the respective preceptor and student groups in each region was facilitated by members of the research team to enhance communication and problem solving. Additionally, preceptors attended further meetings for the purpose of planning and evaluation. It is important to note that participation required some travel as the paired RACFs are located, on average, 20 minutes drive from each other. Therefore, in each region meetings were held in alternate facilities on a weekly basis.

In the context of the research meetings, the researchers had an ongoing and intense involvement with both the students and preceptors. In all, the project involved 27 one hour meetings with students and 45 meetings with the RN and EN preceptors. The collaborative interactive research approach, implicit in the Fourth Generation Evaluation methodology, supported the participants' sense of ownership and their desire to flesh out and address the issues raised. Consequently, the project findings provide a unique insight into the operation of RACFs not previously documented in the literature.

The three stages of the Building Connections in Aged Care project

The Building Connections in Aged Care project comprised three distinct stages. These corresponded with the three semesters of the academic year. In each stage a cohort of second-year student nurses participated in a three-week clinical practicum in the participating RACFs.

Stage 1 of the project scoped the issues, which impacted on teaching and learning for student nurses on placement in residential care contexts, and investigated the capacity of the involved RACFs to support an educative agenda. A detailed account of the findings of this stage of the project are contained within the report: Robinson, Cubit, Venter, & Fassett (2004). This report can be downloaded from the University of Tasmania, School of Nursing and Midwifery Web site at http://www.healthsci.utas.edu.au/tson/research/projects/building_connections.html.

Stage 2 of the project focussed on implementing the key recommendations made in the Stage 1 report: to investigate possibilities for developing quality clinical placements in aged care and to map the students who worked with and the activities they engaged in when on placement in aged care facilities. A detailed account of the findings of this stage of the project are contained within the report: Robinson, Cubit, Venter, Jongeling, Menzies, Fassett, Mather & Andrews, (2004). This report can be downloaded from the University of Tasmania, School of Nursing and Midwifery Web site at http://www.healthsci.utas.edu.au/tson/research/projects/building_connections.html.

Finally, Stage 3 of the project, a key focus of this report had a primary interest in testing the sustainability of improvements achieved in Stage 2 in developing quality clinical placements in aged care. In addition, the research in Stage 3 further investigated the activities students engaged in during their clinical placements, the extent of continuity between students and their preceptors and their experiences of interacting with residents.

Developing quality clinical placements in aged care

The focus of this project in developing quality clinical placements in aged care, as a strategy to promote recruitment into the sector, has never been more relevant. There is no doubt that problems with the recruitment and retention of nurses in aged care are ongoing. As the National Review of Nursing Education 2002 (Department of Education, Science and Training and Department of Health and Ageing 2002a) suggest, this is 'the most significant issue' related to the aged care workforce.

Similarly, concerns with recruitment and retention in the sector underpin the DoHA attempts to promote aged care to student nurses as a viable career option. This is apparent not only in the CACNSS program, but also in efforts to promote aged care among undergraduate students through funding the development of a principles paper, which outlines 'desirable aged care content for inclusion in undergraduate nursing curricula' (Queensland University of Technology 2004).

Moreover, the development of partnerships between the aged care industry and universities, such as that flourishing in the context of the Building Connections in Aged Care project, have increasing relevance to a contemporary aged care environment. Indeed, the major Review of Pricing Arrangements in Residential Aged Care (Hogan 2004) argues that problems with recruitment and retention in aged care need to be addressed through the development of an evidence base in aged care and new educational and training curricula. The review also suggests that aged care providers should take a lead role to 'grow' their own staff through the use of innovative educational and training avenues.

These statements reflect the intent of the Building Connections in Aged Care project which employs an innovative approach to assist the participating aged care providers to 'grow' their staff. As such, the Building Connections in Aged Care project can be seen as a material expression of the intent outlined in the Pricing Review and its calls for closer links between aged care and the university sector (Hogan 2004:285). The project represents a collaboration between Government, the aged care industry and the tertiary education sector to support the growth in aged care required to meet the needs of the ageing Australian population.

Project steering committee

The project operates under the auspices of a steering committee comprising key stakeholders in the field. Prior to publication, a draft of the report from each stage was reviewed, subsequently revised and then endorsed by the project steering committee members. They also had significant input into a determination of the recommendations outlined in the report at each stage of the project.

Report structure

The report comprises 12 sections:

- Section 1 provides a background to the project.
- Section 2 addresses the project methodology.
- Section 3 outlines the research design.
- Section 4 provides background information and demographic data on the participants and partner RACFs.
- Sections 5 – 10 address the project findings. Each of these sections presents a review of the literature related to the issue under consideration, summaries of the relevant findings from Stages 1 and 2 of the project, as well as a detailed account of the relevant findings from Stage 3.¹ Each section concludes with a summary of the findings of the project and a list of recommendations.
- Sections 11 - 12 includes Appendices and References.

A summary of the project findings and the 15 project recommendations are outlined below.

Discussion and Recommendations

Recruitment into aged care: Change in student attitude to working in the sector

Given the potential impact on recruitment and retention, a key focus of the Building Connections in Aged Care project was to facilitate the development of quality clinical placements in aged care as a strategy to positively influence student attitudes to working in the sector. Consistent with the Stage 1 recommendations, Stage 2 of the project involved implementing a number of strategies to address problems with the orientation of students to the RACFs and to promote a greater degree of continuity between students and their preceptors. The implementation of these strategies and associated changes had a major impact, which was no more obvious than the positive change in student attitude to working in the sector.²

Another important focus of the project was to develop sustainable support structures for student nurses on placement in RACFs. Consequently, a core interest of Building Connections in Aged Care was to test the sustainability of any improvements achieved. Therefore, Stage 3 of the project sought to test the sustainability of improvement, with respect to student attitudes to working in the sector addressed in Stage 2.

With two notable exceptions the Stage 3 findings demonstrate that the capacity of the RACF staff to effectively support students on placement was sustained in Stage 3. This was especially notable because unlike the Stage 2 intervention, in Stage 3 of the project the research team had little

¹ Detailed accounts of the findings from Stage 1 and 2 of the project are available in the relevant reports which are available electronically (see the reference list of this report for details).

² In Stage 1 of the project there was minimal improvement in student attitudes to working in the sector as a consequence of the students' participation in the project. In Stage 1 the shift in sentiment changed from 50% of students nominating that they would consider working in aged care on entry, to 64% at the completion of the practicum. In contrast, the Stage 2 findings demonstrate that the implementation of the Stage 1 recommendations had a significant positive impact on students' stated career intentions. For example, on commencement 55% of students indicated they would 'Possibly Not/Definitely Not' have an interest in working in aged care following graduation. However, at the end of their first week in practice, following orientation to the facilities, 80% of students indicated a 'Possible/Definite' interest in working in aged care following graduation. Moreover, at the completion of the practicum 90% of students indicated a 'Possible/Definite' interest in working in aged care following graduation.

involvement with RACF staff in planning for the arrival of students and developing strategies to support them during their clinical placement. Rather, it was deliberately left to the RACF staff to organise appropriate support structures on the basis of the Stage 2 research findings.

With the exception of RACFs 1 and 2, which experienced significant disruption around the time of the students' clinical practicum,³ the findings demonstrate that the improvements achieved in Stage 2 were sustained in Stage 3 of the project. For example, the findings demonstrate that in four of the RACFs (3–6) involved in Stage 3, on entry, around 70% of students indicated a 'Definite/Possible' interest in working in aged care following graduation. However, on exit over 92% of students indicated this level of interest. This percentage is actually greater than that achieved in Stage 2, where 90% of students indicated this level of interest in 'Definitely/Possibly' working in the sector. In general these findings highlight the effectiveness of the approach utilised in the Building Connections in Aged Care project to both bring about and sustain a positive shift in student attitude to working in the sector.

Evaluating transferability

It is arguable that the findings of the Building Connections in Aged Care project have high-level transferability across a range of residential aged care contexts. The involved facilities are generally representative of RACFs because they include private and charitable providers, are located in both rural and urban environments, vary in size and the services they offer, and have had limited prior engagement with the university sector. Similarly, like many aged care contexts, the RACFs involved in this project have three to four undergraduate nursing students on clinical placement at any one time.

Nevertheless, it must be acknowledged that the strategies developed in this project to facilitate quality clinical placements in aged care have not yet been tested for transferability to other RACFs both within rural and remote regions of Tasmania, or indeed in other Australian States. With respect to the latter, because the project has been conducted in Tasmania, the impact that regional variations may have on the applicability of this approach needs to be evaluated. This evaluation is best undertaken in collaboration with other interstate schools of nursing.

Therefore, it is essential to expand the project into other RACFs to further test the transferability of this approach in facilitating a positive shift in students' attitude to working in the sector. Expanding the breadth of the research will also facilitate further refinement of this approach to developing quality clinical placements in aged care and allow a more accurate evaluation of its applicability across a range of contexts.

Recommendation 1

That the School of Nursing and Midwifery, University of Tasmania collaborate with other Schools of Nursing to replicate the Building Connections in Aged Care project in other sites in Tasmania and three other Australian states to further investigate the transferability of this approach to developing quality clinical placements in aged care and to further investigate the issues which impact on student career intentions.

³ See section 5 of this report, Living on the Edge, for a discussion of this issue.

Evaluating the impact of prior experience in aged care and student age on career intentions

The importance of replicating the project in other States is further highlighted by differences between the student cohorts involved in the three Stages of the Building Connections in Aged Care project, particularly with respect to their attitude to working in aged care prior to commencing their clinical placement. For example, in Stage 3 of the project, on entry around 70% of the students indicated a 'Definite/Possible' interest in working in aged care following graduation. This is a significantly higher percentage of students when compared with Stage 1 (50%) or Stage 2 (55%).

The reasons underpinning this attitudinal difference are not immediately apparent. However, of note, the Stage 3 cohort were significantly younger than previous cohorts, with 85% in the 18-25 yrs bracket, compared with 60% in Stage 1 and 58% of students in Stage 2. Of potentially greater significance is the fact that the 85% of the Stage 3 cohort had no prior experience in aged care, compared with 45% of the Stage 1 students and 60% of those involved in Stage 2. It may be suggested that prior involvement as a carer in RACFs had a negative impact on student career intentions. These findings further reinforce the importance of replicating Building Connections in Aged Care projects with different cohorts of students in different States, to determine possible trends with respect to the impact that age and prior experience in aged care might have on student attitude to working in the sector.

Evaluating sustainability

A key focus of the Building Connections in Aged Care project was to develop sustainable support structures for student nurses on placement in RACFs. Consequently, a key interest of the project is to assess the sustainability of improvement, demonstrated in Stages 2 & 3, as a result of the six RACFs' involvement in the project. The conduct of an evaluation with second year nursing students (n=40) on placement within the six RACFs, during Semesters 1 and 2 of the 2005 academic year, will provide further evidence of the sustainability the approach employed in the Building Connections in Aged Care project to develop quality clinical placements in aged care.

Recommendation 2

That a follow up evaluation be conducted across Semesters 1 and 2 of the 2005 academic year, with second-year nursing students (n=40) on placement in the participating RACFs to determine if the students' attitudinal change to working in aged care following graduation is sustained.

Evaluating impact

To further evaluate the impact of the research, an evaluation should be conducted with students who undertake clinical placements in RACFs that have **not** been involved in the Building Connections in Aged Care project. This evaluation will enable a determination to be made regarding any change in the students' attitude to working in aged care as a result of this experience. The findings of this evaluation can then be compared with the evaluation conducted in the participating RACFs in 2005 (outlined above in Recommendation 2), and provide further evidence of any impact on student attitudes/experiences that occurred as a consequence of the RACFs involvement in the research.

Recommendation 3

That evaluations be conducted across Semesters 1 and 2 of the 2005 academic year, with student nurses (n=40-60) on clinical placements in RACFs not previously involved in the research. This will allow a determination of any change in student attitude to working in aged care following graduation.

Other issues impacting on recruitment: Living on the edge

Whilst developing quality clinical placements in aged care can have a significant impact on student attitudes to working in the sector, it is not a panacea. A range of other issues also have a significant impact on student decision making.

The Review of Pricing Arrangements in Residential Aged Care made this explicit when it noted that ‘disparities of pay for aged care nurses compared to acute care nurses can act as an obstacle to recruitment and retention of skilled staff in the sector’ (Hogan 2004:223). It is noteworthy that the students involved in Building Connections in Aged Care also identified disparities in salary rates between aged care and other areas of nursing as a significant disincentive to working in the sector.

Furthermore, as noted in earlier reports of the Building Connections in Aged Care project, and other studies conducted by the research team (Robinson et al. 2002), the organisation of work in aged care represents a disincentive to recruitment. Students find the responsibilities associated with being an RN in aged care somewhat overwhelming and struggle to conceptualize the role of the aged care nurse as congruent with their perception of ‘being an RN’. Furthermore, the low professional status and the overwhelming sense of professional isolation reported by students in Stage 1 of this project, serve to undermine attempts to market aged care as a viable work place for nursing graduates.

In Stage 3 of the project, a range of other issues were also identified as having a significant impact on the capacity of the RACFs to effectively support and then recruit students. Over the course of Stage 3 a pattern emerged which suggested that two RACFs (RACFs 1 and 2) struggled to effectively participate in the research. This was most apparent in terms of the preceptors participation in research meetings, where the attendance rate in Stage 3 was 42% - just under half that of Stages 1 and 2 in these two facilities - this compared to nearly 80% in the other four RACFs that participated in Stage 3. Furthermore, the number of staff in RACFs 1 and 2 that actively participated in the Stage 3 research was around half the number that actively participated in Stages 1 and 2, while only one nurse from these facilities participated in all three stages of the project. Consequently in Stage 3 the research had a far smaller ‘foot-print’ in RACFs 1 and 2, with only one participant who had a working knowledge of the two preceding stages and the lessons learnt.

Analysis of the data revealed a number of reasons for the poor level of participation. RACF 2 experienced a succession of changes in key management personnel and the subsequent conduct of a number of accreditation visits auspiced by the Aged Care Standards and Accreditation Agency Ltd, on behalf of the Commonwealth Department of Health and Aged Care. Staff reported this as a highly stressful experience and that in this context, participation in the research meetings was seen as an extra burden.

Immediately prior to the students’ arrival in September 2004, RACF 1 opened a significant number of new beds and this combined with the absence of key facility staff who went on leave, undermined the capacity of staff in this facility to participate in the research in Stage 3. As a result the students on placement in this facility in Stage 3 had, at best, limited access to staff that had previously been actively involved in the project. Rather, it was apparent that students worked with casual pool staff instead of their preceptors for much of the time.

The project findings reveal that the change in circumstances in RACFs 1 and 2 undermined the preceptors capacity to have ongoing involvement in the research and that this had a significant impact on students’ assessment of their experience. For example, in Stage 3 the students on placement in RACFs 1 and 2 consistently rated both the nurses and Personal Care Assistants

(PCAs) they worked with as being less friendly, less supportive and less helpful than students in practice in the other four RACFs. Similarly, the students' assessment of the usefulness of information provided by their preceptors was rated significantly lower by students in RACFs 1 and 2 when compared to students on placement in the other four RACFs, as well as the students on placement in RACF 1 and 2 in Stage 2 of the project.

Concurrently, the project evaluations also demonstrated a significant negative shift in the students' assessment of their preceptors capacity to facilitate teaching and learning within RACFs 1 and 2 in Stage 3 of the project. The negative shift in student response related to the areas of facilitating student integration into the RACF, accounting for student's prior experience, facilitating student learning and giving feedback. This suggested that the nurses working with the students were somewhat disengaged from them and had a limited focus on their role as preceptors. Not surprisingly, the student attitude to working with preceptors in these facilities was less positive when compared to the students on placement in other facilities in Stage 3 and their colleagues on placement in RACF 1 and 2 in Stage 2 of the project. Of concern, the evaluation also highlighted that the preceptors in RACF 1 and 2 were unaware of the impact caused by changed circumstances in their facilities and rated their ability to facilitate teaching and learning little changed from their assessments made in Stage 2 of the project.

These findings indicate that the changed conditions within the two RACFs at the time Stage 3 of the project was conducted, undermined the capacity of staff to effectively support students. The findings also suggest a strong association between the students' experiences of working with their preceptors and student attitude to working in the sector following graduation. For example, in Stage 3 on entry to the facilities 71% of students on placement in RACF 1 and 2 indicated they would 'Possibly' work in aged care following graduation, whereas on exit this percentage was reduced to 43%. Similarly, while 29% of this cohort indicated they would 'Possibly Not' consider working in aged care following graduation, on exit, this figure had risen to 57%. These results stand in contrast to the findings from students on placement in the other four RACFs, where the shift in attitude moved toward a more positive intention to working in aged care following graduation. As stated previously, at completion of the Stage 3 placement over 90% of students in practice in the other four RACFs indicated a positive interest in working in the sector.

These findings highlight that in the context of changed circumstances, RACFs 1 and 2 had little reserve capacity to support students. Moreover, from the research discussions it emerged that most facilities involved in the project generally had few extra resources to manage any change in circumstance, often existed in a state of semi-crisis and had staffing levels which made it difficult to manage the unplanned events that inevitably occurred. Analysis indicates that the vulnerability of aged care facilities to changing conditions means that they 'live on the edge' within a highly susceptible and unstable environment. This can easily undermine the sustainability of any intervention to support student nurses on clinical placement and encourage their desire to work in aged care following graduation. It is a situation also recognised in the Pricing Review (Hogan 2004), which notes that unsupportive work environments and stress associated with staff shortages and high workloads contributes to problems with recruitment and retention in the aged care industry.

Such issues add to existing problems faced by the sector in promoting recruitment and retention, outlined above. Clearly, the findings of Stage 3 Building Connections in Aged Care project illustrate that the vulnerability of aged care providers to changing circumstances represents another significant issue to be addressed. However, in the short term when an aged care facility has undergone a period of stress, whether that is through loss of key staff, significantly altered conditions of operation, or a general feeling of malaise and poor morale, it is imperative that student nurses are not placed in facilities during these periods. The outcome will not be positive for the student, the provider or the aged care industry as a whole.

Recommendation 4

That student placements in RACFs should be curtailed in circumstances where facilities undergo a significant organisational change, encounter a turnover of key personnel, experience the absence of significant nursing staff by virtue of leave, or suffer a general sense of malaise characterised by poor moral.

Recommendation 5

That further research should be undertaken to investigate the degree to which RACFs 'live on the edge' of functioning efficiently and effectively and the extent and nature of available reserves to support the ongoing function of the facility in the provision of quality care to residents at times when the organisation experiences periods of stress or unplanned adversity.

Issues around the orientation of students

The findings of the Building Connections in Aged Care project illustrate the importance of nursing students receiving a thorough and well-planned orientation into RACFs. Indeed, this can be considered a central component to establishing quality clinical placements in aged care.

In all stages of the project the students' comments clearly indicate the significance associated with feeling welcome in the facilities and the importance of the facility staff being organised and prepared for their arrival. An explicitly welcoming attitude of staff is critical to giving students an impression that their presence is highly valued by the RACFs' staff. The importance of this is reinforced by the Review of Pricing Arrangements in Residential Aged Care (Hogan 2004:224-5), which notes, 'an unsupportive environment [has] often been cited as [a] reason for nurses leaving aged care or not being willing to enter this area of employment'.

With respect to orientation, the findings of Stages 2 and 3 of the project illustrate the value of informing all staff regarding the imminent arrival of students. The importance of this cannot be overestimated. Similarly, the importance of comprehensive preparation, as well as an explicitly welcoming approach from RACF staff, is evident as a precursor to the students' change in attitude after just four days in practice (outlined previously). The findings also highlight the importance of RACFs and Schools of Nursing working closely in the organisation of clinical practicums, if aged care staff are to provide effective induction and orientation processes. This illustrated the importance of the Tasmanian School of Nursing and Midwifery providing timely and appropriate information regarding the students' practicum including advance notice of their arrival in the facilities, a succinct and informative outline of their prior learning and clinical experience, as well as a detailed explanation of their learning needs during the placement. This kind of information should be supplied directly to both the Director of Nursing of the facility, as well as a key linkage preceptor or clinical teacher who has been identified as co-ordinating the students' clinical placement.

The findings of Stage 3 of the project further confirm the importance of implementing the three stage process to prepare RACFs for students, outlined in the Stage 2 report.⁴ The stages include (1) the supply of key information relating to students,⁵ (2) the identification of key stakeholders and

⁴ See Robinson, Cubit, Venter, Jogeling et al. (2004), pg 86

⁵ In preparation for the students' arrival in the RACFs, Schools of Nursing should provide facility staff with an overview of the students' relevant course of study as well as information on their:

- names and starting times in practice;
- previous experience in practice; and
- learning objectives and associated documentation.

formation of a preceptor group within the RACF⁶ and (3) preparation of staff and development of resources.⁷

The implementation of these phases can be regarded as the cultural and organisational prerequisites to setting up a quality clinical placement in aged care.

Recommendation 6

To achieve quality clinical placements in aged care, a three phase orientation program should be instituted prior to students undertaking clinical placements in aged care. This should include:

- 1) The School of Nursing & Midwifery providing RACFs with timely and appropriate information regarding students arrival, prior learning and learning needs;**
- 2) RACFs identifying key stakeholders to support students and establishing a preceptor group among nursing staff who will work with students while on placement; and**
- 3) The members of the RACF preceptor group providing preparatory support to facility staff and developing resources to support students on placement.**

Continuity between students and preceptors

The findings demonstrate that a good level of continuity in the degree to which students and preceptors work together and interact has multiple benefits. As such achieving a reasonable level of continuity between the two should be considered central to the provision of a preceptor program and indeed, the development of quality clinical placements in aged care.

However, data from the Building Connections in Aged Care project reveals that because of the small numbers of RNs employed in aged care facilities and their status as part time employees, the model of preceptorship employed in aged care differs markedly from the traditional model reported in the literature and utilised in acute care hospitals. This occurred despite a member of the Building Connections in Aged Care research group, in each facility, being assigned to work as a preceptor with an individual student during their clinical placement.

To establish a clearer picture of what was happening in terms of continuity and preceptorship, in Stage 3 of the project, students collected data on the staff members they worked with in the facilities. This data highlighted that because of the combination of shiftwork, part time status and

⁶ It is essential that the interest in students be widespread among key stakeholders within the facilities, most importantly with those nurses who will work with students as preceptors. As such, to prepare the facilities for students the RACFs should:

- identify a staff member who will liaise with the RACF's Director of Nursing to prepare and coordinate the orientation of students;
- identify preceptors who are keen to work with students; and
- form a group of interested preceptors to facilitate the student practicum and develop orientation resources.

⁷ In consultation with the RACF's Director of Nursing, the members of the preceptor group should:

- disseminate information regarding the imminent arrival of students to **all** facility staff;
- conduct formal and informal discussions with **all** staff regarding the students' role and prior experience and learning needs;
- target key staff (PCAs) who will work with students under the supervision of RNs;
- develop information packages for students that address RACF routines and resident needs, as well as general information relating to facility resources and procedures;
- develop rosters so students have the opportunity to both work with their preceptors and work in the same area of the facility over time; and
- promote students to staff as being very important to the facility and encourage them to be as welcoming and supportive as possible.

the limited numbers of RNs employed in most facilities students were generally supported by a group of between two and four preceptors rather than one individual. The preceptor groups generally comprised a mix of care team staff including Registered and Enrolled Nurses (one of who was an assigned preceptor and research team member), as well as PCAs who had been specifically targeted to work with students under RN/EN supervision. It was apparent that all the members of the preceptor group worked with a student over the course of the three-week practicum.

The Stage 3 data also revealed that the level of continuity between student and members of their preceptor group fluctuated over the course of placement. This meant that on occasions students spent successive shifts working with an RN or EN preceptor, and also worked part of successive shifts with a PCA, while other occasions they worked with a variety of different staff. However, the opportunity to 'touch base' each day with a key member of their preceptor group (usually an RN or EN assigned specific responsibility for the student), even if only for a short period of time, appeared to be an essential component to students achieving a satisfactory level of continuity across their placement time. It is arguable that within an aged care context this arrangement is more realistic and achievable than attempting to have one student work with one staff member over time. Nevertheless, this arrangement is not dissimilar to that reported by Robinson et al. (1996), where students on placement in an acute hospital ward were assigned primary and secondary preceptors.

Despite the fact that the staffing profiles of RACFs preclude implementing a traditional preceptorship model, the benefits that accrue through implementing a group based preceptor model to facilitate continuity, are many. For RN and EN preceptors, working with a student over time, made the role of preceptor far more satisfying – a finding also supported by the Making Connections in Aged Care project (Robinson et al. 2002). Working together over time also enhances the possibilities for building rapport, as well as the preceptors' capacity to assess changes in student competence and confidence, which in turn empowers them to structure appropriate teaching and learning experiences in response. Concurrently, students appreciate working with preceptors who can make what they consider to be informed decisions regarding their progress, and in the process develop a sense of confidence and report a more rapid achievement of competence, all of which enhances their capacity to make a positive contribution to the care team. Consequently, this facilitates the students' acceptance within the team and the positive nature of their experience.

Furthermore, this data also reveals that having continuity of area (ie. working in the same area of the facility over the course of the placement) was an important factor in the development of student confidence and their feeling of being accepted into the workplace. Students also found that remaining in the one location for their placement gave them the opportunity to work with residents over time, which was a positive experience as this enabled them to become familiar with the residents and develop relationships with them.

As such, across the three stages of the research it became apparent that maintaining continuity between students, their preceptors and work area, had significant benefits towards developing quality clinical placements in aged care. Findings indicated that continuity enabled preceptors to appropriately structure teaching and learning activities and effectively engage students in meaningful practice, which in turn facilitated their growing confidence, competence and acceptance within the workplace.

Nevertheless, within aged care more information is required on how preceptorship functions to support continuity and the associated benefits which support teaching and learning. It is important to establish a benchmark for continuity between preceptors and students on placement in aged care settings, against which RACFs can judge the degree to which they are realising a quality clinical placement for students. In this project we were unable to develop a benchmark for continuity because of the range of people that students worked with and the complexity of supervisory relationships. It became evident that levels of continuity fluctuated over the course of placement, whereby some students spent successive shifts with the one preceptor, while other students worked with a variety of staff. However, the opportunity to have contact with a familiar core member of the preceptor group was an essential component to maintaining a basic level of continuity despite the variance of supervisors which students worked with over the placement time.

Recommendation 7

In order to develop quality clinical placements in aged care:

- 1) Preceptor sub-groups, comprising a range of RACF staff, should be established to take a primary responsibility for facilitating learning of individual students during clinical placements;**
- 2) Rosters should be developed to facilitate the best possible opportunity for students to work with their preceptors over time;and**
- 3) Rotations through areas in RACFs should be minimised to allow students to gain familiarity with both specific contexts and residents.**

Recommendation 8

That further research should be undertaken to establish a benchmark for continuity between student and their preceptors in the development of quality clinical placements in aged care.

Student activities & supervision

Student activities in aged care

During Stage 2 and Stage 3 of the Building Connections in Aged Care project 39 students completed a **Supervision and Placement Activities Log** where they documented the activities they engaged in and who they worked with for every hour, of every shift during the placement. The data set included 3800 one hour units, or over 840 individual shifts. As such, it provides a significant account of student activities in RACFs, albeit in the form of self reports from students.

Analysis of the log provided detailed information on the number of hours per week each student worked either directly with or under the supervision of RNs, ENs and PCAs. The analysis also revealed that student nurses on placement in RACFs spent a significant proportion of their time working with supervised workers and that on average students worked with:

- Registered Nurses 38% of the time;
- Enrolled Nurses 22% of the time;
- Personal care assistants 16% of the time.

In terms of clinical activities the students engaged in during their placement, analysis of the Log revealed that students engaged in a wide range of activities. Furthermore, across Stages 2 and 3 this was relatively consistent, with the largest proportion of student time being spent on

- Medication management & administration – 23%
- Hygiene care — 14%
- Activities of Daily Living — 11%

However, the analysis also revealed significant differences in the activities students engaged in, when on placement in different RACFs. While the six RACFs involved in the project varied in their size, location and staffing profiles, data collected on the activities in which students were involved, and with whom they worked, reveals that students can engage in a very different mix of activities in one facility as compared to another. In part these differences relate to with whom it is the students work. For example, if students spend more time working with PCAs their involvement with residents in activities of daily living greatly increases, reflective of a reality in aged care where PCAs provide most general care to residents. Similarly, if they spend more time with RNs they are involved in activities associated with documentation and drug administration, more so than the provision of other forms of care to residents.

Despite the size of the data set collected in the Building Connections in Aged Care project, these findings must be considered preliminary. Further research needs to be undertaken involving the direct observation of students in aged care, together with their self reports, to develop a more robust analysis of the activities they undertake, as well as who they work with. Similarly, such

research needs to be undertaken in facilities in different states and environments to provide a more comprehensive account of student activities in aged care. Access to such information will allow aged care providers and universities to target educational experiences within aged care that meet the needs of specific cohorts of students, and thereby facilitate the development of strategies to enhance student experience in the sector. This has significant potential benefits with respect to recruitment and retention. As outlined previously, if students have a positive experience in the sector they are more likely to consider aged care as a viable career option following graduation.

Recommendation 9

That further research, involving self reports and observational studies, be undertaken to investigate the activities students engage in and who they work with when on placement in residential aged care settings

Students working with supervised practitioners

The findings of the project indicate that students work with PCAs for around 16% of the practicum, and around 22% with Enrolled Nurses. In both these circumstances the regulatory requirements governing nursing require that students must be supervised by an RN. While this situation may be a reality in aged care, little is known on the strategies RNs employ to ensure students are supervised appropriately, how the students are monitored in practice, or what activities they undertake to ensure quality teaching and learning outcomes. With this in mind, in Stage 3 of Building Connections in Aged Care project, a preliminary investigation into the issue of supervision was undertaken.

As a component of the Supervision and Placement Activities Log, students collected data on who supervised them, either directly or indirectly, for each hour of each day.⁸ The data analysis revealed that as the three week practicum progressed a trend emerged which indicated that over time there was:

- a decrease in RN direct supervision;
- an increase in RN indirect supervision;
- a decrease in EN direct supervision; and
- an increase in students working alone.

Associated qualitative data indicates that the emergence of these trends reflects the preceptors' response to the growing student confidence and competence. That is, as the students' abilities increase, the level of direct supervision they require diminishes. The trend highlights the benefits of sustained continuity between a student and their preceptors, because as outlined previously, this allows the preceptor to make informed decisions on how to structure teaching and learning appropriately.

However, a key issue of concern is the strategies employed by preceptors to supervise students on those occasions that they work with PCAs. While PCAs are routinely trusted to provide feedback to the ENs and RNs regarding resident care, it also became apparent that preceptors extended this responsibility to providing feedback on students and their performance. Moreover, the qualitative data indicated that preceptors' reliance on feedback from these staff members was largely dependant upon the existence of open and effective communication channels.⁹

In most RACFs there appeared to be limited supervision of students when they were working with PCAs. In the Building Connections in Aged Care project, Enrolled Nurses functioned as preceptors to students, but on the whole they reported few formalised attempts to supervise students when

⁸ **Direct supervision** referred to those times the student worked greater than 60% of the time directly with a member of the RACF staff ie. participating in the same activity. **Indirect supervision** referred to those times that students worked less than 60% of their time was spent directly working a staff member, i.e. not participating in the same activity.

⁹ However, this is cause for concern because a recent study indicates that the transfer of information between PCAs and RNs is generally ad hoc, untimely and often inaccurate (Menzies, 2002).

working with PCAs. Similarly, the data analysis revealed minimal supervision strategies employed by RNs to monitor students when working with supervised practitioners, such as PCAs and ENs. Primarily due to severe time constraints, associated with limited RN availability within aged care contexts, these strategies were generally ad hoc in nature and based on intermittent observation and anecdotal evidence from other staff. Indeed, it became evident that there existed few or no formal processes for supervision of students when working with ENs and PCAs.

In contrast, the qualitative data highlighted that students greatly appreciated the opportunity to receive direct supervision from their RN preceptors, or indeed their EN preceptors, who participated in this project. This assisted them to feel more confident and comfortable in the workplace and according to their reports, facilitated the achievement of competence. It is arguable that students who are directly engaged in practice with their RN or EN preceptors have a greater chance of being exposed to useful and appropriate learning opportunities than students who received minimal supervision. However, these findings are at best preliminary in nature. It is important that further research be undertaken to investigate the issue of supervision in aged care so that effective strategies to support students can be developed.

Recommendation 10

That further research be undertaken to investigate the structures and processes employed by aged care nurses to supervise students whilst working either directly or indirectly with PCAs and ENs in residential aged care.

Preparing PCAs to work with students

The findings reveal that students can spend up to 25% of their clinical placement in RACFs either directly or indirectly with PCAs, and that on occasions this can be a less than rewarding experience. Following the Stage 1 recommendations, in Stages 2 and 3 of the project a range of strategies were implemented to prepare both students and PCAs to work together. These included preceptors:

- Targeting specific PCAs identified as having both the skill and disposition to effectively work with students.
- Holding formal and informal meetings with PCAs to discuss issues around working with students including their learning needs and strategies to facilitate teaching and learning.
- School of Nursing and Midwifery staff meeting with students to discuss the issue of working with PCAs prior to their entry into the facilities.

The implementation of these strategies was highly effective because in general, in Stages 2 and 3 of the project, students reported far more positive experiences when working with PCAs. Given the inevitability that students will work at least some of the time on placement with PCAs, undertaking appropriate preparatory activities with these supervised workers is central to developing quality clinical placements in aged care.

However, it must also be acknowledged that the preparation of PCAs to work with students is an issue that needs further investigation. While the Review of Pricing Arrangements in Residential Aged Care (Hogan 2004) recommends the upgrading of PCA training, it is reasonable to suggest that preparation of PCAs to support students in clinical placements should be integral to this process. Within a contemporary aged care environment this must be an important development given the inevitability that student nurses on placements will work with PCAs in the provision of resident care.

Recommendation 11

That preceptors actively support PCAs who work with student nurses on placement in RACFs. This support should include targeting PCAs identified as having both the skill and disposition to effectively work with students and the provision of information which addresses the:

- **students' learning needs ;and**
- **appropriate focus and strategies to facilitate teaching and learning with undergraduate nursing students.**

Recommendation 12

That Schools of Nursing address the issue of students working with PCAs while on placement in RACFs in order to give students the opportunity to explore and respond to their views regarding this arrangement.

Recommendation 13

That consideration be given to investigating strategies to prepare PCAs to support nursing students on placement in RACFs as a component of Certificate III or IV qualification.

Student involvement with residents

The findings of Stages 1 and 2 of the project demonstrate that students have varied interactions with residents. It is apparent that some students were confronted by the behaviour of people with dementia in the RACFs, some struggled with the unfamiliarity of working with older people, while others appeared comfortable and at ease. In Stage 2 of the project it was also apparent that the reality of aged care and the seemingly depressing situation of residents had a negative impact on student perceptions of aged care. However in Stage 3 of the project the students experiences with and perceptions of residents were subject to further investigation. The qualitative data revealed that students greatly appreciate the opportunity to engage with residents and that they provided a significant incentive to work in the sector. These findings contradict other findings of the literature which suggest that ageist attitudes of student nurses serve as a significant disincentive to working in the sector. On the contrary, the Building Connections in Aged Care project highlights that the opportunity to work with older people represents a significant motivation to work in aged care and should be marketed as such. However, given the small scale of research undertaken in Stage 3 of the project further study in this area needs to undertaken to articulate the benefits that accrue to both students and residents as a consequence of student participation in clinical placements.

Recommendation 14

That further research be undertaken to explore the benefits that accrue to both students and residents as a consequence of student participation in clinical placements.

Building capacity among aged care nurses

A key focus of the Building Connections in Aged Care project was to build capacity among aged care nurses, particularly in relation to their role and function in working as preceptors with students. The project findings consistently reveal that participation in the research had a very positive impact on the preceptors' knowledge and confidence in their role and demonstrated that students found the nurses to be highly effective as preceptors.

The project findings also demonstrate that the presence of the students provides a critical stimuli for aged care nurses to become more active learners and to critically reflect on their practice. However, it must also be appreciated that students alone will not provide the impetus for such

developments. The teachers, in this case aged care nurses, must also be professionally engaged and receptive to the challenges that students inevitably raise.

A key finding, also evident in Stage 1 of the project, highlighted the professional isolation of aged care nurses. Indeed, for all the participants, despite working in the industry for many years, participation in the project was the first opportunity they had to meet and explore their practice. The findings illustrate the importance of aged care nurses having an opportunity to meet to discuss practice issues, both within their facilities and with colleagues from other RACFs. In this sense, participation in the research functioned not only as a capacity building exercise, but also as an effective strategy to break down the nurses' professional isolation. Such findings demonstrate the previously mentioned benefits associated with collaborations between residential aged care and university sectors, a development championed in the Review of Pricing Arrangements in Residential Aged Care (Hogan 2004:285), which called for closer links between the two sectors.

However, it is important to recognise that the benefits of such developments are cumulative and that nurses' involvement in these processes should be ongoing. This is especially important in aged care where, as stated above, aged care nurses work in relative isolation in a context characterised by a limited professional engagement or networks into the wider aged care sector. As stated previously, the Pricing Review (Hogan 2004) raised this concern when it noted that aged care nurses lacked educational opportunities and put the view that aged care providers should 'grow' their own staff through the use of innovative educational and training avenues. In the context of the CACNSS program, it is arguable that additional funding should also be provided to augment the availability of scholarships, in order to create linkages with aged care systems to support the aged care workforce to take up educational and professional development opportunities within the sector in order to build capacity to support scholarship holders appropriately.

Recommendation 15

Australian Government funding should be applied to create linkages with aged care systems to support the aged care workforce to take up educational opportunities within the sector to build capacity to support CACNSS holders and thereby develop quality clinical placements in aged care.

The utilisation of information technology (IT) represents a key strategy to facilitate aged care nurses involvement in professional development activities and to break down their isolation within RACFs. However, across the three stages of the Building Connections project we experienced significant and seemingly irresolvable gaps in the IT infrastructure within the RACFs, as well as a lack of IT competency among the RN/EN preceptors. While this caused problems with facilitating the research, it is also of concern given the impetus from the Commonwealth to use the internet and IT infrastructure as a key strategy to facilitate development in the sector (Australian Department of Health and Ageing, 2003).

These findings are remarkable given the recent Commonwealth report into the IT infrastructure in aged care (Australian Department of Health and Ageing, 2003) which indicated a high level of IT capacity within the sector. In contrast the findings of the Building Connections in Aged Care project suggest that while managers within aged care have a well developed IT infrastructure, that available to 'nurses on the floor' is generally rudimentary at best. Given the representative nature of the participating RACFs involved in this study, these findings suggest that an audit of RACFs in Australia should be undertaken to determine their IT infrastructure capacity and the level of IT literacy of ward unit staff working in the sector. An audit would allow the development of IT infrastructure standards, which could be applied across the industry.

Recommendation 16

That an Australia-wide audit be undertaken to determine the capacity of the IT infrastructure in RACFs and the level of IT literacy of ward staff working in the sector.

Final Comment

The Building Connections project is located within an industry which faces significant challenges. The ongoing problems surrounding recruitment and retention of appropriately qualified nurses; the part-time nature of the workforce; the context of limited professional engagement within which aged care nurses work and the lack of an evidence base for training and curricula in aged care serves to create an environment where, in the past undergraduate nursing students have found themselves grappling with the realities of aged care nursing.

Despite such challenges, this research has successfully brought about change not only in students' attitudes towards working in an aged care environment but also in the preceptors' approach towards preparing for and working with undergraduate students. As a result of collaboration between the RACFs and the Tasmanian SNM a cohesive infrastructure of support was established to facilitate quality clinical placements for students. Integral factors in this infrastructure were, adequate preparation of RACF staff prior to student arrival, comprehensive student orientation to the RACF and a reasonable level of continuity between students, their preceptors and work areas. The ability of this research to encourage students to reconsider and challenge their understandings of aged care nursing is a testament to the success of the fourth generation evaluation approach and ultimately the collaborative effort adopted between the six RACFs and the university.

The collaborative approach between the Tasmanian SNM and the RACFs, has demonstrated that the calls for closer links between aged care and university sectors (Hogan 2004:285) is not only possible, but may be highly successful in forging a future where undergraduate students are more likely to consider aged care as an attractive career option. Beyond the six RACFs involved in this research, it is essential that other industry leaders be cognizant of the benefits of tertiary collaboration, and play a role in ensuring quality clinical placements are developed and consistent across the industry. From this perspective, it is imperative that this research be extended to ensure transferability and sustainability and consequently attract both state and federal attention to develop this evidence base within aged care.

1. Background

Precursors to the 'Building Connections in Aged Care' project

While the aged care industry is a major employer in the Australian economy (Hogan 2004), there are longstanding concerns regarding the recruitment and retention of registered nurses (RNs) into the sector. In Tasmania the situation has been aggravated by the historically limited engagement of undergraduate nursing students in residential aged care facilities (RACFs). As outlined in previous reports conducted by this research team (Robinson et al. 2002; Robinson, Cubit, Venter, Jongeling et al. 2004), this has undermined the ability of providers to attract new graduates and frustrated the professional development of aged care nurses. Moreover, anecdotal evidence suggests that earlier attempts to place student nurses in residential aged care only served to reinforce their ageist attitudes and a resolve among students not to choose aged care as a career option.

In the 1980s, the Tasmanian School of Nursing placed first-year student nurses in residential aged care facilities to develop their skills in assisting older people to undertake 'activities of daily living'. However, as the structure of the Bachelor of Nursing course changed, aged care facilities were no longer utilised. In 2001, the School collaborated with two aged care industry partners, the Park Group and Masonic Homes Launceston, to test the potential for re-introducing second-year nursing students into RACFs. This initiative resulted in the project 'Making Connections in Aged Care' (Robinson et al. 2002) which was funded by the two industry partners and the University of Tasmania. As the first expression of collaboration between the School of Nursing and aged care industry in Tasmania, the project aimed to facilitate a positive experience for second-year undergraduate nursing students on placement in aged care. Taking action to address students' negative experiences of aged care was seen as critical to promoting the sector as a viable work site for new graduates. It was also seen as a key strategy to facilitate the professional development of nurses already working in the sector.

The Making Connections project utilised an innovative Fourth Generation Evaluation method (Guba and Lincoln 1989) and involved four cohorts of student nurses (n=26) and two cohorts of registered nurse (RN) and enrolled nurse (EN) preceptors (n=17), who supported the students during their clinical placements in the RACFs. The project achieved significant outcomes, most notable being an important positive change in student career intentions, with respect to working in residential aged care following graduation. On entry 64% of students indicated they **would not** consider aged care as a future employment, while at completion, 92% indicated they **would** consider aged care as a future employment. Similarly, the RN preceptors reported that participation in the research, combined with working with students, provoked their involvement in professional development activities. Furthermore, positive reports from subsequent groups of students on placement in the facilities indicated a high level of sustainability for this approach to bringing about improvement.

Establishing the ‘Building Connections in Aged Care’ project

The success of the ‘Making Connections in Aged Care’ led the Tasmanian School of Nursing¹⁰ to seek funding from the Australian Government Department of Health and Ageing (DoHA) to further explore the applicability of the strategies implemented in the project. The intent was to test the approach used in Making Connections in other RACFs which had limited prior involvement with the university sector. This was important because the Making Connections industry partners had a significant prior involvement with the School of Nursing and Midwifery (SNM), including involvement in the Bachelor of Nursing (Hons) program. The positive results achieved were in part attributable to this engagement. In contrast, it was decided that those RACFs involved in Stage 1 of the Building Connections project should not have significant prior engagement with the School. In this sense the aim was to implement the project in ‘green field’ locations more representative of residential aged care facilities in general.

Following the submission of a tender, the School received funding as a part of the Commonwealth Aged Care Nursing Scholarship Support Systems (CACNSS) program, to conduct the ‘Building Connections in Aged Care’ project over three Stages. While the overarching aim of the project is to develop quality clinical placements in aged care, specific aims include:

1. Developing sustainable support structures for undergraduate nursing students in practice within residential aged care, including Commonwealth Aged Care Nursing Scholarship Support Systems (CACNSS) scholarship holders;
2. Promoting aged care as an attractive working environment for student nurses and to facilitate their interest in working in the sector;
3. Facilitating professional development among aged care nurses to increase their capacity to effectively support undergraduate students in aged care;
4. Developing linkages between the SNM and the aged sector; and
5. Building capacity among the aged care nursing workforce in the participating RACFs to develop them as key sites for teaching and research in aged care in Tasmania.

The first two stages of the project were structured to correspond with the participation of two cohorts of second-year student nurses in a three-week clinical placement in the RACFs. While a third stage was planned, its focus was to be determined at the completion of Stage 2.

Leveraging off its well-established networks within the aged care sector, the SNM negotiated with a number of aged care providers to participate in the project. In mid-2003 meetings were held with key staff in six targeted RACFs, where the project investigators outlined the proposed research. This included a proposal that the industry partners provide additional funding to support the conduct of Stage 3. Six RACFs, located in the north-west, north and south of Tasmania, subsequently agreed to participate. These included Karingal Home for the Aged, The Manor Nursing Home, Mount St Vincent’s Nursing Home, Presbyterian Homes Launceston, Queen Victoria Home for the Aged and Vacluse Gardens Lodge. In July–August 2003 key stakeholders were subsequently invited to join a project Steering Committee (see Section 4 for membership of the Steering Committee), which met for the first time in August 2003.

Stage 1 of the Building Connections in Aged Care Project

Stage 1 of the project commenced in September 2003 and involved 30 registered and enrolled nurse preceptors and 20 second-year nursing students who participated in a three-week clinical placement in the six RACFs. Stage 1 fieldwork, which had a primary focus on scoping the issues that impact on student experiences and the capacity of the involved RACFs to support an educative agenda, was completed in mid-October 2003. The project Steering Committee subsequently met in

¹⁰ Since renamed the School of Nursing and Midwifery (SNM), University of Tasmania.

February 2004 to consider a draft report of this stage, prepared by the research team. At this meeting it was evident that many of the steering committee members found the report findings somewhat confronting, but at the same time acknowledged that it accurately represented the issues facing the RACFs in their efforts to support student placements. Within the committee there was a positive resolve to continue the project into Stage 2 and this was no more emphatic than among the Directors of Nursing representing the six participating RACFs. Subsequently, steering committee members collaborated with the research team to develop a series of recommendations to be implemented for Stage 2 of the project. The report of Stage 1 was then submitted to DoHA in March 2004 (see Robinson, Cubit, Venter, Jongeling et al. 2004).

Stage 2 of the Building Connections in Aged Care Project

In March 2004 all preceptors who participated in Stage 1 were sent a copy of the corresponding report. In April 2004 the project investigators attended meetings in each of the six RACFs to discuss the Stage 1 report findings with the preceptors and consider possibilities for implementing relevant recommendations made in the report.

With the exception of one facility, which had experienced a significant change in personnel, all the meetings were well attended. The reaction of the preceptors ranged from interest in how to move forward, to anger. It was evident that some preceptors' felt that they had worked very hard to support students and that the Stage 1 report was in part, a 'slap in the face'. At the same time there was acknowledgement among all the groups that the Stage 1 report provided a unique insight into the perceptions, understandings and experiences of students and as such did reflect an accurate representation of the issues. The members of all the preceptor groups indicated they were keen to participate in Stage 2, and began the process of considering possibilities for implementing the relevant recommendations in their respective facilities.

Subsequently, the Stage 2 fieldwork commenced in May 2004 and involved a second cohort of 20 students. This stage of the project had a focus on implementing the key recommendations made in the Stage 1 report and to investigate possibilities for developing quality clinical placements in aged care. A draft report addressing the findings of Stage 2 was discussed at the third Steering Committee meeting held in August 2004. At this meeting steering committee members raised a number of issues, which greatly informed the recommendations presented in the Stage 2 report. A copy of the Stage 2 report was submitted to the Commonwealth in September 2004 (see Robinson, Cubit, Venter, Jongeling, et al. 2004)

Stage 3 of the Building Connections in Aged Care project

At its inception it was agreed that the structure and focus of Stage 3 of the Building Connections in Aged Care project would be determined at the completion of Stage 2. At the project Steering Committee meeting held in August 2004, referred to above, it became apparent that the committee members had many more questions they wanted answered, with respect to the issues facing RACFs in the process of supporting students on clinical placements. In particular the members were concerned about gaining more information regarding student interaction with residents, the extent to which preceptors and students actually worked together (a reflection of continuity) and the strategies employed by preceptors to supervise students, especially in circumstances where they worked with PCAs. Given this interest it was agreed that Stage 3 of the project would replicate Stage 2 with an additional focus on these areas. A third cohort of 21 students were subsequently recruited and Stage 3 of the project was undertaken between late September and the end of October 2004.

Similar to Stage 2, prior to the students' entry into the RACFs to commence their clinical placement, all preceptors were provided with a copy of the Stage 2 report and members of the research team held meetings with staff in each of the six RACFs to discuss the report, seek feedback and explore possibilities for the Stage 3 fieldwork. However, unlike Stage 2, the chief

investigators did not meet with the members of the three preceptor groups, located in the northwest, south and north of the State, until the arrival of the students. This meant the preceptors in each RACF received no additional resources or support from the research team to prepare for students arrival. Rather, it was deliberately left up to the preceptors to implement the preceptorship model, trialed with great success in the previous Stage of the project. The intent was to test the sustainability of the model and to determine the extent of buy in on the part of the RACFs and their staff. The findings associated with this process are contained within this, the Final report of the Building Connections in Aged Care project.

Locating ‘Building Connections’ project within aged care

The Building Connections in Aged Care project was undertaken within an industry that has been subject to a number of significant reviews. These include reviews into the IT capacity within aged care (Australian Department of Health and Ageing 2003), referred to previously, the use of the Resident Classification Scale (RCS) in the determination of resident dependency and subsequent facility funding (Commonwealth Department of Health and Ageing 2003) and a review of the aged care work force (Healy and Richardson 2003). However, by far the most significant and influential review of the industry has been the Review of Pricing Arrangements in Residential Aged Care (Hogan 2004).

While this Pricing Review addresses a wide spectrum of issues in need of consideration in aged care, it offers a number of observations pertinent to the Building Connections project, none more relevant than the aged care workforce. For example, the Review notes that the environment in which student nurses often find themselves when on placement in the residential care sector has experienced a decline in the number of people employed, between 1995–96 and 1999–2000, while the number of people cared for in the sector has increased. At the same time the Review also notes an increase in the number of employees in ‘the accommodation for the aged sector (low care)’, reflecting the impact of ageing in place (Hogan 2004).

Of significance, statistics from the Australian Institute of Health and Welfare demonstrate that since 1997 the number of RNs employed in the sector has been steadily decreasing, with at least 60% being employed on a part-time basis (Australian Institute of Health and Welfare (AIHW) 2003a). However, the workforce study conducted by the National Institute of Labour Studies (Richardson and Martin 2004), referred to previously, provides a detailed insight into the current state of the aged care workforce. It reveals that:

- The aged care workforce primarily employs part-time and casual staff where:
 - the most common form of employment is permanent part-time, accounting for two-thirds of workers;
 - casual staff constitute 20% of the workforce;
 - only 11% of workers in aged care are permanent full-time;
- The largest section of the aged care workforce is made up of Personal Care Assistants (PCAs), at 57%;
- Other staff include Registered Nurses (22%), Enrolled Nurses (13%), and allied health personnel (8%); and
- 94% of the direct care workforce is women.

With respect to employment status of aged care staff, Section 3 of this report reveals that these figures are similar to those of the six RACFs participating in the Building Connections in Aged Care project.

Who provides care to residents has also become an important issue in the sector. In part this is associated with the increase in Personal Carer Assistants (PCAs) employed in the sector. This is apparent in the Review of Pricing Arrangements in Residential Aged Care (Hogan 2004), which highlights that the role of Registered Nurses and Enrolled Nurses in the provision of ‘direct care’ to residents has declined, while the proportion of care provided by PCAs has increased significantly.

According to the review such changes reflect both the ongoing shortage of nursing staff and the development of more efficient organisational structures (Hogan 2004).

Such findings are in part supported by in the National Institute of Labour Studies report (Richardson and Martin 2004:29), which notes that 40% of nurses estimate that they spend less than a third of their time on the job in providing direct care for residents. Similarly, the findings of the Stages 1 and 2 of the Building Connections project (Robinson, Cubit, Venter & Fassett 2004; Robinson, Cubit, Venter, Jongeling, et al. 2004) highlight that PCAs provide most of the resident care in the six participating RACFs, with registered nurses having a primary involvement in administrative, supervisory and procedural activities.

While there is a widespread recognition that many facilities have addressed the shortage of appropriately qualified nurses by allocating more duties to unregulated workers, there are concerns that this change ‘not only devalues older people and their care but also directly affects the quality of care provided’ (Edwards et al. 2003). Indeed, there are concerns that changes to the sector instituted since the introduction of the *Aged Care Act* (1997), reflect the transformation of residential aged care toward a social model of care, which fails to take account of ‘the professional health care needs of the acutely sick and complex extreme old person’ (Angus and Nay 2003:131). Not surprisingly there are also concerns that disproportionate increases in the number of unregulated staff has led to increased supervisory responsibilities for RNs (Courtney and Minichiello 1997), and a potential to undermine care standards (Nay et al. 1999). The National Review of Nursing Education 2002 (Department of Education, Science and Training and Department of Health and Ageing 2002b) reports a similar sense of disquiet when it notes an inappropriate skill mix has implications for resident care, work satisfaction and recruitment and retention, while the Pricing Review notes the need to improve the skill base of PCAs (Hogan 2004:285). With respect to students’ involvement in residential aged care, the increasing employment of PCAs in the sector also has implications for teaching and learning. Indeed, the findings of Stage 2 of the Building Connections project (Robinson, Cubit, Venter, Jongeling, et al. 2004) project revealed that students on placement in RACFs might spend as much as 25% of their time working with PCAs.

In part, such concerns relate to the adequacy of PCA training to prepare them to care for residents in RACFs where the level of dependency has steadily increased since the 1990s (AIHW 2003b). While registered nurses must undertake a three year Bachelor of Nursing for registration and Enrolled Nurses typically undertake a Certificate IV, conducted in the Vocational Education and Training (VET) sector, PCAs have traditionally undertaken on-the-job training. However, PCAs are now more frequently expected to undertake between 6 months and 2 years study to obtain a Certificate III in the VET system (Pearson et al. 2001). This change is reflected in the findings of the National Institute of Labour Studies report (Richardson and Martin 2004:29), which notes that PCAs in aged care are very likely to have post-school qualifications with four fifths having a Certificate III in aged care, and 10% having a higher level qualification in aged care.

Other key issues identified in Pricing Review highlight ongoing concerns with shortages of registered nurses and problems with recruitment and retention (Hogan 2004). Similarly, the National Institute of Labour Studies (2004) reports evidence that there are shortages of nurses willing to work in aged care. This is reflected in higher than normal position vacancy rates, difficulties recruiting nurses and that nurses currently employed in aged care are less satisfied than other workers in the sector (Richardson and Martin 2004). This is all the more problematic because the aged care workforce is itself ageing (Hogan 2004), with approximately a quarter of PCAs and ENs being 50 or over, compared to 46% of Registered Nurses (Richardson and Martin 2004). This profile reflects that of the nurses who participated in the Building Connections project. The staffing profiles of six RACFs highlight that more than 50% of the preceptors in the project were older than 45 years.

There is no doubt that problems with recruitment and retention of nurses in aged care are ongoing, with the National Review of Nursing Education 2002 (Department of Education; Science and Training and Department of Health and Ageing 2002a) citing this as ‘the most significant issue’ related to the aged care workforce. Concerns with recruitment and retention in the sector underpin

the Australian Government Department of Health and Ageing (DoHA) attempts to promote aged care to student nurses as a viable career option, through the CACNSS program. DoHA has also funded the development of a principles paper, which outlines ‘desirable aged care content for inclusion in undergraduate nursing curricula’ in recognition that to promote aged care nursing it is important to address ‘inconsistent or hidden content in aged care curricula’ as well as its poor image (Queensland University of Technology 2004).

With respect to concerns with recruitment and retention, the Review of Pricing Arrangements in Residential Aged Care (Hogan 2004) identifies numerous barriers to employment in the sector. These include a lack of wage parity, poor working conditions, as well as lack of educational opportunities and career paths for nurses in aged care. The Review also notes that unsupportive work environments, stress associated with staff shortages and high workloads, combined with increases in resident dependency are also seen as contributing to problems with recruitment and retention in the aged care industry.

In terms of addressing problems with recruitment and retention, the Pricing Review offers a number of suggestions. Of particular significance to this project is the identification of a need to develop an evidence base in aged care and new educational and training curricula, as well as providers taking a lead role to ‘grow’ their own staff through the use of innovative educational and training avenues. Indeed, the Review proffers the view that the ‘aged care industry and individual providers take more ownership of the need to develop their workforce’ (Hogan 2004:234). The participation of the six aged care providers involved in this project and their ongoing support of students and nurse preceptors, as well as a commitment to contribute funding to Stage 3 of the research, are consistent with this intent. Moreover, the conduct of the Building Connections project is consistent with the suggestion put forward in the Pricing Review, which argues for ‘closer involvement of the industry individually and in partnership arrangements with Government to share the funding of research and development projects for future workforce planning, training and education’ in order to ensure the expeditious transfer of evidence into practice (Hogan 2004:234).

As the findings of the Making Connections project (Robinson et al. 2002) and the previous two Stages of the Building Connections demonstrate (Robinson, Cubit, Venter & Fassett 2004; Robinson, Cubit, Venter, Jongeling, et al. 2004), it is essential that aged care staff have access to ongoing professional development opportunities. This is an imperative also supported by the literature. For example, Wade (1999) argues that staff in residential aged care will not deliver high quality person-centred care unless there is an opportunity for ongoing professional development. Similarly, Edwards et al. (2003:108) argue the importance of a ‘diversity of educational experience’ suggesting the need for staff to be involved in ‘a coordinated program of continuing education’. Others argue that links between universities and RACFs enhance their potential as learning environments (Katz et al. 1995; Joy et al. 2000:1044), a position consistent with that preferred in the National Review of Nursing Education 2002 (Department of Education, Science and Training and Department of Health and Ageing 2002a).

Such collaborations are important because there is evidence to suggest that in the right circumstances, aged care facilities can indeed function as learning organisations. This was most evident in the findings of the ‘Making Connections in Aged Care’ project (Robinson et al. 2002), which illustrated that students can have a positive learning experience and develop their clinical knowledge, skills and competence. Similarly, Chen et al. (2001:57-58) suggest that there are potentially many learning opportunities for students nurses on placement in aged care contexts including ‘basic psychomotor skills, communication skills, physical and psychological assessment, safety concerns, patient education and the development of positive attitudes about the ageing process’. Moreover, (Happell and Brooker 2001:17) suggest that the involvement of students in the sector offers clinicians the ‘opportunity to present the unique and specialised functions of their role’ as aged care nurses. However, at this point in time we have little information about exactly what activities student nurses engage in when on placements in RACFs. This is an issue taken up in Stage 2 of Building Connections and documented in Section 5 of this report.

In conclusion, the above discussion constitutes a brief account of some of the issues confronting the provision of care to older Australian residents in aged care facilities. The intent is to provide an

overview of the context where student nurses find themselves when on placement in RACFs and the tensions which frame attempts to facilitate change in order to better support students on clinical placements. As such these issues are highly relevant to this project, which has as a core interest in the promotion of key sites for teaching and research in aged care. It is anticipated that the development of this intellectual capital will act as a mechanism to assist the involved RACFs to become exciting and stimulating places to work and provide best practice care to residents. Such developments are critical if problems with recruitment and retention in the sector are to be addressed and quality clinical placements in aged care are to be developed. In this sense, the Building Connections project can be seen as a material expression of the intent outlined in the Review of Pricing Arrangements in Residential Aged Care (Hogan 2004:285) and its calls for closer links between aged care and the university sector. The project represents a collaboration between Government, the aged care industry and the tertiary education sector to support the growth required to meet the ageing of the Australian population.

2. Methodological approach

Fourth Generation Evaluation

The project utilised a Fourth Generation Evaluation methodology (Guba and Lincoln 1989:72-74). This involved the formation of three groups of registered nurse preceptors and three groups of student nurses on clinical placements in the six RACFs. This approach was employed to facilitate communication (McGuiness and Wadsworth 1991) between the students and their preceptors as previous research has demonstrated this process to be very effective in facilitating teaching and learning in practice (Robinson et al. 1999; Robinson et al. 2002).

To implement the method, in the three Stages of the project, students and preceptors met in separate, parallel groups on a weekly basis throughout the three-week practicum. Sessional project officers employed by the SNM participated in both student and preceptor groups in each RACF and facilitated a feedback loop between the student and preceptor groups on an agreed-to basis. The feedback loop provided anonymity for both parties and a safe mechanism for students and their preceptors to provide critical comment.

The nature of the discussions in the research groups were structured according to a series of ground rules that established an environment of trust (Giroux 1988:72). By engaging in reciprocal dialogue the students and preceptors were encouraged to critically reflect on their experiences through the process of story telling. Story telling is a well established educational technique by which habit, ritual and taken-for-granted understandings can be recast as the extra-ordinary and unfamiliar (Epston and White 1992). For example, a preceptor may re-conceptualise his/her role and a student nurse may reconsider his/her work with elderly people in an aged care facility. Ultimately, the possibility for alternative narratives emerges and by implication, possibilities for developing new understandings of teaching and learning in aged care (see Appendix 1 for a more in-depth discussion of this approach).

Data collection

Research meetings

Both preceptor and student research meetings held in each region were audio-taped and transcribed. The transcripts were developed into **research case notes** by the research project officers who facilitated the student and preceptor research groups. The case notes represent a first level analysis of the issues raised in the meetings. A process occurred whereby the notes from each meeting were returned to the respective participants prior to the next. The intent was to promote critical reflection on the issues raised and to act as markers of progress.

Student and preceptor evaluations

In Stages 2 and 3, prior to the commencement students completed **Part A** of the **Students Initial Evaluation** (Appendix 2). In week one of the practicum the preceptors completed the **RN/EN Initial Evaluation** (Appendix 3) and students completed the **Student Nurse Initial Evaluation Part 2** (Appendix 4) and the **Orientation Checklist** (Appendix 5). In week three of the practicum the students completed the **Final Student Evaluation** (Appendix 6) and the **BN Student Survey**¹¹

¹¹ Adapted from the evaluation tool validated in Robinson, Di Cocco, Farrell, Monaghan & Walker (2002), Reclaiming Midwifery Practice - The Development Program For Rural and Remote Midwives: Preceptor research project, Section 3.8 pp 16-17.

(Appendix 7).¹² Following the completion of the student practicum the preceptors completed the **Preceptor Final Evaluation** (Appendix 8) and the **BN Preceptor Survey**¹³ (Appendix 9).

Supervision and placement activities log

A key aspect of the Building Connections in Aged Care project was to establish what activities student nurses engaged in whilst on placement in aged care settings and whom they worked with.

During Stage 1 a pilot version of a ‘Supervision and Placement Activities Log’ (known as the ‘Log’) was trialed with students to record who they worked with and the activities undertaken while on placement. There were a number of limitations of the data set that hindered the identification of the main effects and did not allow generalisations about the students’ clinical practice regimen to be drawn.

Following feedback from students and the members of an expert panel, the Stage 1 ‘Pilot Log’ was subject to major revision in order to:

- simplify the research tool;
- increase student compliance in completing the ‘Log’;
- increase the specificity data collected; and
- reduce data entry time.

The heavily revised ‘Supervision and Placement Activities Log’ used in Stage 2 of the project consisted of three 18 x 11 cell grids (one for each week in clinical practice). Students were asked to complete two cells for each hour of each day for the three-week period. The first cell described the type of supervision (i.e. direct or indirect) and the second specified the activity or procedure being undertaken. Students used a key to complete the grid detailing who supervised each activity undertaken. A coding system provided students with a list and examples of potential activities and procedures as well as supervisors. Provision was made for including additional information. Student reports indicated the Log was easy to use. In Stage 2, 20 students (100%) completed the Supervision and Placement Activities Log each day for the three-week period. ‘Logs’ were collected from students at the final meeting in the third week of the practicum— held on a Thursday. This precluded the collection of data for the last shift (Friday, week 3).

In Stage 3 the ‘Log’ was further modified to include additional codes for activities that had not been anticipated in Stage 2.¹⁴ In addition, two of the major activities were divided into smaller activities to provide a more detailed perspective of what the students were doing over the course of their practicum.¹⁵ A key additional aim in Stage 3 was to ascertain the level of continuity students had with their preceptors, that is, how often they worked with each other over the course of the three-week practicum. This was achieved by including a new column in the ‘day-by-day’ grid in which the student entered a unique code for the supervisor they were working with. A new set of codes were provided to the students, pertaining to various staff members, with space for them to add codes for any additional staff that were not anticipated to be supervising students. In Stage 3,

¹² Analysis of student response to this survey will be presented in this report, which will allow a comparison to be made between the three cohorts of students participating in the project. This data will also be analysed with respect to the BN Preceptor Survey outlined in Appendix 9 to test for correlation.

¹³ Adapted from the evaluation tool validated in Robinson, Di Cocco, Farrell, Monaghan & Walker (2002), *Reclaiming Midwifery Practice - The Development Program For Rural and Remote Midwives: Preceptor research project*, Section 3.8 pp 16-17.

¹⁴ These codes were physical assessment, research meeting, sick, absent and meal break (See Appendix 10 for the full list).

¹⁵ Wound assessment was expanded into the tasks of wound assessment and wound management. Medication management was broken down into the tasks of medication management and medication administration. (See Appendix 10 for the full list).

19 completed 'log' were received from students. Similar to Stage 2,¹⁶ the 'Logs' were collected from students at the final meeting in the third week of the practicum — held on a Thursday. This precluded the collection of data for the last shift (Friday, week 3).

Training students to use the Supervision and Placement Activities Log

Prior to the commencement of the practicum in Stages 2 and 3, each student attended a session where they were provided with a copy of the 'Supervision and Placement Activities Log'. At this session the project manager instructed the students on how to complete the 'Log' using a case study approach. Additionally, an example of a partially completed 'Log' was included in the 'Supervision and Placement Activities Log' as a point of reference. Students were provided with a copy of the 'log' at the completion of the induction session. They were encouraged to complete the 'log' after each shift of clinical practice, or where time permitted, during the shift.

Completing the Supervision and Placement Activities Log

In completing the 'Supervision and Placement Activities Log' students were asked to indicate the category of worker they were assigned to, and to indicate the nature of tasks, activities and procedures they undertook for the majority of each hour. This was undertaken for each hour of each day during the practicum. Each cell within the 'log' represented one hour. Working alone or unsupervised work, sick leave and absenteeism information was also elicited. A coding key was provided to the students as part of the 'Log'. This key was developed to facilitate ease of data entry and reduce the potential for coding errors.

Limitations of the Supervision and Placement Activities Log

A primary limitation of the Supervision and Placement Activities Log relates to the fact that the data collected represents student self reports on the activities they engaged in and who worked with during their three-week clinical practicum. In the context of this project there was no opportunity to conduct concurrent observation sessions to test the reliability of the student reports.

A second key limitation related to lack of granularity within the 'Log', which limited the students ability to record the breadth of activities they undertook during the practicum. Student feedback highlighted that because activity cells were categorised into one hour intervals, this sometimes precluded them from documenting a number of important activities that may have taken place within a one hour period. For example, a student may have provided hygiene care and undertaken a wound dressing in the single one hour period, yet both could not be documented within the single one hour cell. A review of the 'Logs' revealed that in an attempt to deal with this problem the students often made two or three notations within a single one hour cell within the Log, which specified the different activities they had engaged in. Indeed, when analysing the logs it was evident that on occasions students endeavoured to 'force-fit' the reality of their practicum to the constraints of the tool. Thus, in some cases students recorded a number of different tasks in a single cell. In these instances it was necessary to infer and code the one task that would have been most likely to have occupied the most time. This represented a potential source of error and may have skewed the results. Other feedback from students indicated that some also felt that the categories of activities documented in the 'Log' could have been more specific, and/or more options should be available to reflect the diversity of activities from one day to the next. However, such issues need to be considered in the context of making the 'Log' overly complex and thereby potentially reducing the student rate compliance with completing it. However, it is evident that the 'Log' needs

¹⁶ The Supervision and Placement Activities Logs were collected from the majority of students during the last research meeting. The remaining 'logs' were posted to the project manager or collected by the research assistants. However, one student failed to return her log and a second student claimed to have mailed the log to the Chief Investigator but the document did not arrive.

to further development to address the problems associated with a lack of flexibility/specificity, while at the same time not increasing its complexity to such a degree where students struggle to complete it.

Ethics Approval

Approval to conduct the project was obtained from the University of Tasmania, Human Research Ethics Committee (Tasmania) Network, Northern Tasmania Health and Medical Human Research Ethics Committee: Ethics Ref: H7316.

Data analysis

Qualitative data analysis

In each Stage of the research data from the research project meetings was analysed for themes and issues by the respective project officers according to the issues raised. This analysis formed the basis of the case notes, which were returned to the respective participants prior to each subsequent meeting. At this meeting each team member had the opportunity to make amendments or additions to the notes. This process was adopted as a protocol designed to:

- ensure that the content of the case notes represented an agreed position of discussions that took place during meetings ;and
- promote a reflective engagement with the issues raised and collaborative theorising among the participants.

In each research meeting much of the initial data took the form of research narratives representing the team members' experiences, feelings, and understandings. Following from Feldman (1995), these narratives were subjected 'to a progressive critical process of reading and theorising ... [and were] analysed for recurring patterns and themes.' As such, the intent was to subject the data to ongoing analysis in the context of the research meetings.

While this process did take place during Stages 2 and 3 of the project, at times opportunities for collaborative theorising were undermined by the problems experienced in some groups when the respective research participants did not gain timely access to the case notes.¹⁷

To assist with the process of data analysis and the development of the case notes, following Stage 1, a series of analytical categories addressing both student and preceptor issues were developed for use in Stage 2. In Stage 3, these data categories were further developed to reflect the changing focus of the project, where there was an additional focus on collecting information related to the students' engagement with residents and the strategies employed by preceptors to supervise students when working with unregulated workers. The project officers also coded data under additional categories as necessary. The categories are outlined in Tables 1 and 2 over the page.

¹⁷ See section 2 - IT Interface

Table 1: Analytical categories for assessing preceptor and student issues Stage 2

Preceptors	Students
<ul style="list-style-type: none"> • Orientation strategies • Communication re student information • Students involvement in clinical activities • Students working with PCAs • Efforts to facilitate continuity • Students dealing with dementia • Students dealing with old bodies • Changes in student competence/confidence • Barriers to teaching and learning • Issues in being a preceptor • Professional isolation • IT access issues • Benefits of having students in the facility • Benefits of participation in the research 	<ul style="list-style-type: none"> • Orientation experiences • Staff knowledge of students • Involvement in clinical activities • Working with PCAs • Experience of continuity • Dealing with dementia • Dealing with old bodies • Changes in competence/ confidence • Barriers to teaching and learning • Perceptions of the RN role • Issues in being a student in aged care • IT access issues • Benefits of participation in the research

Table 2: Analytical categories for assessing preceptor and student issues Stage 3

Preceptors	Students
<ul style="list-style-type: none"> • Orientation strategies • Assessment of adequacy of SNM information re: students • Students involvement in clinical activities in high care • Students involvement in clinical activities in low care • Students working with PCAs • Effects of continuity with students • Students dealing with dementia • Students dealing with old bodies • Changes in student competence/confidence • Barriers to effective supervision • Strategies to supervise students when working with supervised practitioners • Tensions between being a preceptor and providing quality resident care • Professional isolation • IT access issues • Benefits of having students in the facility • Benefits of participation in the research • Students involvement in physical assessment • Students accounts of working/interacting with residents • Reports of residents experiences of interacting with students • Feedback to students • Comments on case notes • Response to student feedback 	<ul style="list-style-type: none"> • Orientation experiences • Staff knowledge of students • Involvement in clinical activities in high care • Involvement in clinical activities in low care • Working with PCAs • Experience of continuity • Dealing with dementia • Dealing with old bodies • Changes in competence/confidence • Barriers to effective supervision • Accounts of Supervision when working with supervised practitioners • Perceptions of the RN role • Issues in being a student in aged care • IT access issues • Benefits of participation in the research • Involvement in physical assessment • Accounts of working/interacting with residents • Feedback to students • Comments on case notes • Response to preceptor feedback

Data was analysed for themes and issues related to the students experiences in the RACFs and the preceptors' experiences. This analysis informed the development of the research meeting case notes. In Stages 2 and 3, data from the case notes were converted into rich text and entered into

NVivo© qualitative software. This facilitated a process of reviewing, re-thinking, reflecting and in-depth analysis (Richards 2002).

Data from all of the meetings were coded within NVivo© under the analytical/thematic categories developed in the case notes. New codes were developed to represent issues that emerged from the themes as the analysis of the data proceeded. The use of NVivo© assisted in identifying the common themes and issues emerging across all the research groups. It is these themes and issues that represent the findings presented in this report.

NVivo© also facilitated the tracking of participants and their comments, which allowed for a far greater differentiation of the disparities or similarities between the RACFs with respect to their preceptors' efforts to facilitate teaching and learning and the students' experience of aged care.

Quantitative data analysis

Preceptor and student evaluations

All quantitative survey data collected in the three Stages of the project was analysed using Microsoft Excel™ 2002. A number of survey templates were built in previous stages of the project using Excel worksheets to capture data such as Likert scales, yes/no responses and demographics. These templates were expanded to capture Stage 3 data and modified to provide a summary of the data from all three stages

Excel was chosen due to the flexibility the software provides in structuring data tables and its powerful charting options. Each survey was assigned a unique alphanumeric code, which enabled the data to be audited for accuracy and to clarify any ambiguous results. Several methods were employed to ensure the accuracy and integrity of the data including cell validation with pull-down lists, 'checksum' formulas and detailed random audits of surveys.

All surveys were manually keyed into the Excel templates and any non-responses or ambiguous responses were noted in a comments field attached to the relevant cell. Descriptive statistical analysis was performed using available Excel formulas and charts, which were customised.

Supervision and placement activities log

The Stage 2 'Log' data was migrated from SPSS to Microsoft Excel™ 2002 as Excel was deemed to be a more appropriate tool for manipulating the Stage 2 and Stage 3 data for comparative charting. Additional codes (as discussed above) were introduced in this stage to capture an increase in the range of activities being investigated. Also, all employees at each of the facilities involved in the project were assigned a unique employee code to provide a means of tracking supervisor continuity.

Electronic data was password protected and this information was only accessible to the investigators. All paper-based records were stored at the SNM in a locked cabinet within a secure site.

The 'Log' was analysed using descriptive statistical procedures. The majority of information collected was categorical data; consequently there were few non-parametric statistics that would have elicited meaningful information. Additionally, due to the low number of respondents involved in the study, it was inappropriate to use inferential statistics to obtain levels of significance.

IT Interface – reciprocity and sharing of data

Due to the wide geographical spread of facilities participating in the project combined with an imperative to give the participating students and preceptors secure access to the weekly case notes, in Stage 1 a single person from each research group was selected on the basis of their perceived

ability to use the technology and appointed the role of downloading, photocopying and distributing the research case notes. A disc containing a direct link to the appropriate 'drop box' with a password was provided to this person. Furthermore, information on how to access the FTP site was provided during the weekly meetings with the students and some preceptors also participated in these sessions with varying success.

Because of problems accessing the site, early in Stage 1, the FTP site was upgraded to provide the students and preceptors with functionality to login through a HTML web page by entering their username and password.

In Stage 2 a secure Internet 'drop site' was established consisting of twelve 'drop boxes' using an FTP server. The intent was to ensure the participants' anonymity and confidentiality. This site was co-developed by a systems analyst and the project manager and provided a single repository from which all preceptor and students groups could obtain research case notes. A key advantage of this system was that information could be easily and safely distributed to geographically dispersed participants (see Figure 1).

This system was further refined in Stage 3, which included resetting passwords from Stage 2 to maintain participants' confidentiality. The SNM IT support staff were able to successfully remove a firewall that had been created by University IT, which had been preventing access for some remote users. However, despite this, problems with accessing the secure FTP site on the SNM web page remained problematic for some participants.

Information on how to access the FTP site was provided to the students involved in Stages 2 and 3 of the project during workshops conducted with the project staff prior to the commencement of the practicum. In each of these Stages passwords were provided to the students during this on-campus meeting. The preceptors were provided with passwords during their first research meeting. The project web site is at: <http://www.healthsci.utas.edu.au/SNM/ftp/index.html> (see Figure 2).

Figure 1: Electronic distribution of research case notes

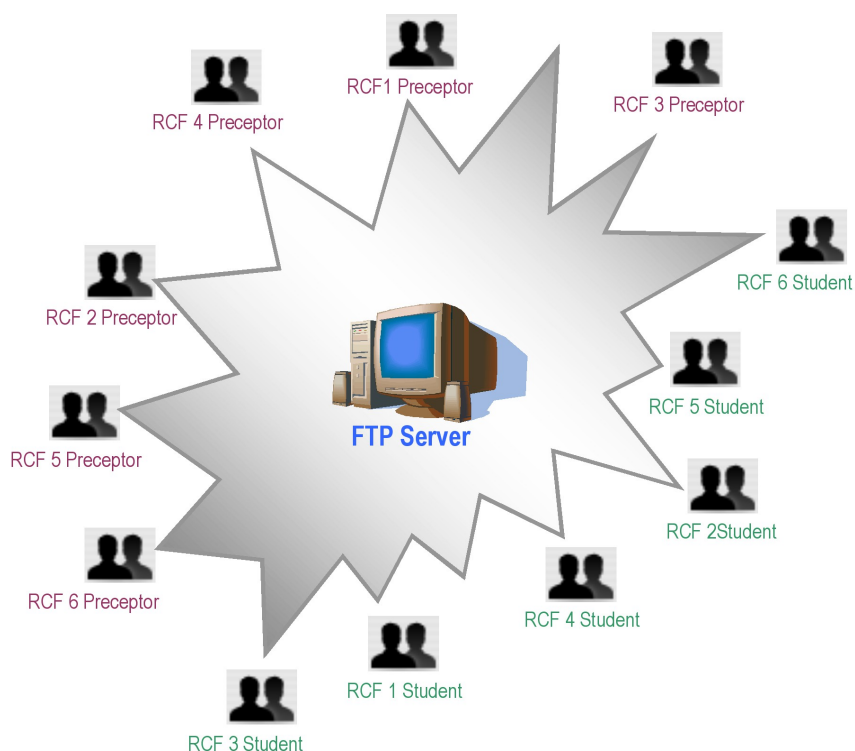


Figure 2: Project web site



IT access issues

As outlined previously, the intent of the case notes was to provide a first level analysis of the meetings and to promote the participants' critical reflection on the issues raised. This required participants to have read and reflected on the notes from one meeting, prior to the subsequent meeting. The case notes also formed an integral part of the feedback loop. In instances where case notes were not accessed or read prior to the meetings, the process was compromised. This was cause for concern because, despite the best efforts, both students and preceptors experienced numerous difficulties with accessing the case notes via the secure FTP site.

In Stage 1 the participants experienced numerous difficulties with this system, including the loss of the disc at one facility and lack of a disc drive being present on facilities computers. Subsequently, access to the FTP site was upgraded to provide the students and preceptors with functionality to login through a HTML web page by entering their username and password.

The problems identified in Stage 1 together with the recommendations made in the Stage 1 report led a number of the RACFs to purchase and/or update their computer systems prior to Stage 2.

In Stage 2 the use of a secure FTP site was again only partially successful. While the preceptors reported that they were generally unsuccessful in their attempts to access the server, interestingly the students reported a slightly higher access rate.

It must be acknowledged however, that unbeknown to the research team, the university IT support had installed a firewall preventing off-campus access to particular aspects of the SNM website, thus preventing access to the website for the first week. It is unclear why this occurred other than perhaps to prevent a breach in security during the time the server had not been in use between stages. Following the removal of the firewall, the students reported a greater ability to access the case notes, whether it be from home, the library or indeed in some cases the same facility in which the preceptors were unable to gain access. To add to these problems it was evident that in one facility a security barrier was in place, which prevented staff from accessing the Internet from the facility computers.

Consistent with the recommendations made in Stage 1, in Stages 2 and 3 the preceptor groups elected one person from each site to be responsible for the access and distribution of the case notes.

However, similar, to Stage 1, IT literacy skills among the preceptors remained a significant problem in many cases.

Nevertheless, for preceptors' weekly access to the FTP site varied. For example, preceptors at one North-west facility could access the FTP site some weeks and not others. In the weeks preceptors were unable to access the case notes, they were emailed by the project officer to the key link person in the preceptor group and to the home email addresses of other preceptors. Incredibly, many of the email addresses supplied were not working reliably.

Staff at the second North-west facility were unable to access the FTP site at all, so the project officer organised to fax the relevant **research case notes** to the key contact person who was a member of the preceptor research group, having phoned them immediately prior to ensure she was with the fax when the notes arrived. This ensured that the confidentiality of the research case notes was maintained at all times.

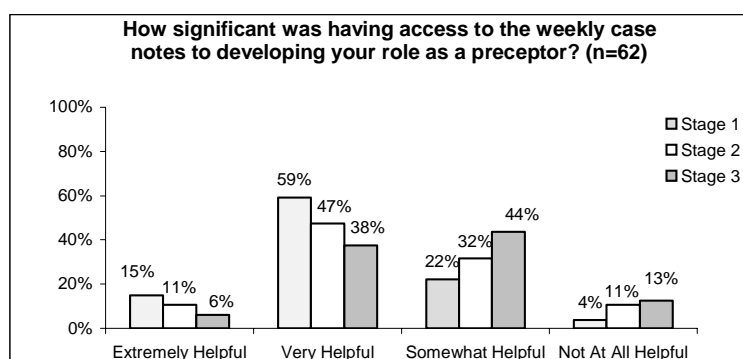
In the southern RACFs, 6 preceptors noted improvements made with respect to the IT infrastructure in their facility. However, preceptors in both southern facilities experienced difficulties in accessing the FTP site so case notes were emailed to each participant by the relevant project research officer. To further compound these difficulties, many participants in the southern facilities also did not have consistently functioning email either at work or from home.

Due to similar access issues, case notes were either emailed direct to participants or hand delivered by the research assistant in the northern facilities.

Problems with the use of IT resources in the project, which in turn undermined the participants' access to the case notes, is evident in the preceptors' mixed level of response to their usefulness. Thus, the usefulness of the case notes was compromised when access was delayed such that preceptors or students did not receive them until some time after or immediately preceding each subsequent research meeting. This severely limited or made impossible the preceptors' and students' ability to revisit the discussions that took place at the previous weeks meeting and critically reflect on the issues raised, which would in turn inform the discussions, which took place in the subsequent meetings.

While less than 10% of participants across the three stages assessed the case notes as 'Not at all helpful' and while around 60% found them either 'Extremely Helpful' or 'Very Helpful', the fact that around 30% of participants reported them as 'Somewhat Helpful' reflects the variable degree of access. In Stage 3 this was a particular issue as the university firewall proved to be a particularly intractable barrier to participants in the nursing homes gaining access to the university website. It was apparent that students, as members of the university, did not experience similar problems.

Figure 3: Preceptors - Access to weekly case notes



3. Research design

Participants

University of Tasmania (UTAS) investigators

- Dr Andrew Robinson: Senior Lecturer, SNM, Project leader.
- Mrs Louise Venter: Senior Lecturer and Coordinator of the Practice Strand of the Bachelor of Nursing program, SNM.

Aged care facility partners

- The Director of Nursing from each of the participating aged care facilities.
- 36 registered and enrolled nurses who acted as preceptors to nursing students on clinical placements in the aged care facilities.

University of Tasmania student nurses

- 61 second-year nursing students involved in the SNM unit *Supportive Care in Hospital and Community Settings* — **20 in Stage 1** (Semester 2, 2003), **20 in Stage 2** (Semester 1, 2004) and **21 in Stage 3** (Semester 2, 2004).

Project Steering Committee

A project Steering Committee oversaw the conduct of the project and provided advice to the project team. Membership of the committee comprised:

1. The project leader (Chair)
2. The coordinator of the SNM BN Practice Strand
3. The project manager
4. Directors of Nursing from the participating RACFs
5. Directors of Nursing from RACFs involved in the Making Connections in Aged Care project
6. Deputy State Manager (Tas.), Aged and Community Care, Commonwealth Government Department of Health and Ageing
7. Student nurse representative
8. Senior Lecturer Rural Education Development, University Department of Rural Health, University of Tasmania
9. Preceptor representative
10. Consumer representative
11. Representative of Aged and Community Services Tasmania.

Project research team

The project team comprises:

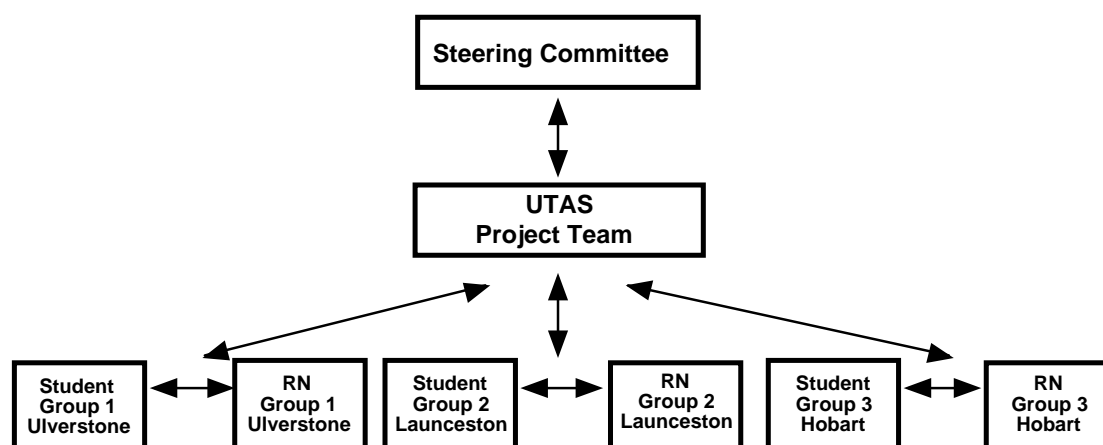
- | | |
|-------------------------|---|
| 1. Dr. Andrew Robinson: | Chief investigator — senior lecturer, SNM. |
| 2. Mrs Louise Venter: | Investigator, Senior Lecturer/Coordinator BN Practice Strand |
| 3. Ms Katrina Cubit: | Project manager (Stage 1 and 2)/ Research Assistant (Stage 3) |
| 4. Ms Sharon Andrews: | Research assistant (Stage 2)/Project Manager (Stage 3) |
| 5. Mr Brett Menzies: | Research assistant |
| 6. Ms Linda Jongeling: | Research assistant (Stage 1) |
| 7. Mr Matthew Fassett: | Research assistant |
| 8. Mrs Carey Mather: | Research assistant |
| 9. Ms Caroline Gray: | Administrative officer |

The project team met weekly either face to face or via teleconference to discuss the work in progress and to conduct ongoing evaluation. Meetings have also been held with sessional research assistants on a regular basis for data analysis. Ongoing organisational work was conducted by the Administrative Officer.

Project structure

The structure of the project is summarised in Figure 4 below.

Figure 4: Project structure



All 3 Stages of the project were conducted in six RACFs located in both rural and regional areas. In all, this involved 61 second-year students enrolled in the Bachelor of Nursing course at the School of Nursing & Midwifery (SNM), University of Tasmania. The practicum constitutes a component of the second year undergraduate Bachelor of Nursing unit *Supportive Care in Hospital and Community Settings*.

In practice the students worked with Nurse preceptors who had a responsibility to:

- work one on one with students;
- teach, supervise and evaluate their practice;
- serve as a role model;
- encourage independence;
- promote a positive self image and confidence;
- facilitate skill development; and
- orientate and socialise students to the workplace and also to nursing culture.

Project time lines

Table 3: Project timelines

Task	Sept 03	Sept-Oct 03	Nov 03 – Feb 04	April–May 04	June-Aug 04	Sept-Dec 04	Feb– March 05
Stage 1: Phase 1 — Preparation							
Stage 1: Phase 2 — Clinical practicum Semester Two 2003							
Stage 1: Phase 3 — Evaluation, data analysis & reporting							
Stage 2 Phase 1 & 2 Clinical practicum Semester One 2004							
Stage 2: Phase 3 - Evaluation, data analysis & reporting							
Stage 3: Professional development							
Stage 3: Reporting and evaluation							

Project Stages

Details of Stage 1

Stage 1: First group of 20 students in practice — 5 months

Phase 1: Preparation — 1 month

To establish the project:

- Steering Committee meets to commence the project
- Preceptors being recruited in each institution;
- The University of Tasmania ethics requirements met by obtaining consent from all participants (RNs & Students);
- Meetings were held with involved RN preceptors to outline the students' course content and expectations of the practicum; and
- All participants (students and RNs) were provided with a copy of the report 'Making Connections in Aged Care: The Report on the Residential Aged Care Preceptor Project' (Robinson, Cubit et al. 2002).

Following this phase, the three preceptor groups (North-west, North & South) met with the project officer assigned to facilitate the project in their region. At these meetings they:

- considered the findings of the report 'Making Connections in Aged Care: The Report on the Residential Aged Care Preceptor Project' (Robinson, Cubit et al. 2002);
- explored their understandings of what it means to act as a preceptor to student nurses;
- elaborated their role and responsibilities as preceptors; and
- developed preliminary strategies to support students in phase 2.

Phase 2: Students clinical practicum — 1 month

- 20 students undertook a three-week clinical practicum in participating RACFs;
- The project officer in each region facilitated weekly parallel focussed group discussions with the respective RN preceptors and students, consistent with the project methodology; and
- Evaluations completed.

Phase 3: Evaluation, data analysis and reporting — 3 months

- Preceptor group evaluated their practice as preceptors;
- The research team developed a draft of the first report which addressed the findings of Stage 1 and submitted this to the project steering committee; and
- The steering committee met to consider the draft of the Building Connections in Aged Care: Stage 1 Report and to develop/ratify recommendations to be implemented in Stage 2

Stage 1 Output

Building Connections in Aged Care: Stage 1 Report (Robinson, Cubit, Venter & Fassett 2004).

Details of Stage 2

Stage 2 involved a second group of 20 students and like Stage 1 comprised three phases (see Table 3).

Phase 1: Preparation — 3 months

Activities undertaken in the preparatory phase of this Stage, included:

- All preceptors provided with a copy of Building Connections in Aged Care: Stage 1 Report (Robinson, Cubit, Venter & Fassett. 2004);
- Research team met preceptors to seek feedback on the Stage 1 report and their response to the recommendations contained therein;
- In consultation with their respective DONs, the preceptor groups developed plans to address the relevant recommendations made in the Stage 1 report;
- Amendments to the project evaluation submitted to the University of Tasmania ethics committee;
- Additional preceptors recruited in each institution to make up for those who had left;
- Consent to participate obtained from new preceptors and all participating students;
- SNM meetings held with involved RN preceptors to outline the students' course content and expectations of the practicum; and
- The three preceptor groups (North-west, North & South) participated in the first Stage 2 research meetings with the project officer assigned to facilitate the research in their region. At these meetings they elaborated the strategies put in place to facilitate the students' practicum in Stage 2.

Phase 2: Students clinical practicum — 1 month

The second Phase of this Stage replicated Stage 1

Phase 3: Evaluation, data analysis and reporting — 3 months

The third Phase of Stage 2 involved the following:

- Preceptor groups evaluated their practice as preceptors;
- The research team developed a draft report, which addressed the findings of Stage 2 to present to the steering committee; and
- Steering Committee met to consider draft of the Building Connections in Aged Care: Stage 2 Report and develop/ratify recommendations to be implemented in Stage 3.

Stage 2 Output

- Building Connections in Aged Care: Stage 2 Report (Robinson, Cubit, Venter, Jongeling, et al. 2004)

Details of Stage 3

Stage 3 involved a second group of 21 students and like Stages 1 and 2 comprised three phases (see Table 3).

Phase 1: Preparation — 2 months

Activities undertaken in the preparatory phase of this Stage, included:

- All preceptors provided with a copy of Building Connections in Aged Care: Stage 2 Report (Robinson, Cubit, Venter, Jongeling, et al. 2004);

- **Note:** Unlike Stage 2, in each region (N, NW, S) the members of the preceptor groups **did not** meet with the respective project officers to elaborate the strategies put in place to facilitate the students' practicum in Stage 3;
- Additional preceptors recruited in each institution to make up for those who had left/could not continue;
- Research team meet preceptors to seek feedback on the Stage 2 report and their response to the recommendations contained therein;
- In consultation with their respective DONs, the preceptor groups developed plans to address the relevant recommendations made in the Stage 2 report;
- Amendments to the project evaluation submitted to the University of Tasmania ethics committee;
- Consent to participate obtained from new preceptors and all participating students; and
- SNM meetings held with involved RN preceptors to outline the students' course content and expectations of the practicum.

Phase 2: Students clinical practicum — 1 month

- The second Phase of this Stage 2 replicated Stage 1.

Phase 3: Evaluation, data analysis and reporting — 3 months

- Preceptor groups evaluated their practice as preceptors;
- The research team developed draft report, which addressed the findings of Stage 3 and the project as a whole; and
- Steering Committee met to consider draft of the Building Connections in Aged Care: Final Report and develop/ratify final recommendations.

Stage 3 Output

- Building Connections in Aged Care: Final Report.

Recruitment

Student recruitment

Students enrolled in the unit *Supportive Care in Hospital & Community Settings* were allocated by the unit coordinators to the six RACFs. Allocations were made following due consideration of their home address i.e. whether they lived in the North-west, north or south of the State. **Student participants in Stages 2 and 3 also included recipients of CACNSS scholarships.**

Prior to commencing their practicum the students allocated to the project facilities met with the research staff to:

- receive information on the project, their involvement and to seek their consent to participate;
- receive instruction on how to complete the Supervision and Placement Activities Log;
- receive their usernames and passwords to access the FTP site;
- learn how to access case notes via the FTP site; and
- complete the initial student survey, Part A.

At this meeting students were also informed that if they chose not to participate, this would have no impact on their progress in the unit.

All students assigned to project facilities chose to participate, primarily because they saw the project as providing support structures, which would assist them during their clinical placement. A total of 20 students participated.

The placement of students in Stages 1-3 is outlined in Table 4.

Table 4: Stages 1-3 student placement by RACF

	Number of students		
Facility	Stage 1	Stage 2	Stage 3
RACF 1	3	3	3
RACF 2	3	3	4
RACF 3	4	3	3
RACF 4	3	4	4
RACF 5	4	4	4
RACF 6	3	3	3
Total	20	20	21

Preceptor recruitment

Each facility was responsible for determining which registered and enrolled nurses would participate in the research project. Of the preceptors involved in Stage 1, 21 continued into Stage 2. The primary reason for non-participation in Stages 2 and 3 related to preceptors having left the facilities or taking annual leave however, there were no instances where Stage 1 or 2 participants deliberately chose not to participate in Stage 3.

A number of additional enrolled and registered nurses were recruited to participate in Stages 2 and 3. In the first instance these nurses were nominated by their respective DONs. Subsequently they met with the project investigators to discuss potential involvement and if agreeable to sign relevant ethics consent forms. As demonstrated in Table 5, there were fewer new preceptors involved in Stage 3 (4) compared to Stage 2 (13).

Table 5: Number of new preceptors for Stages 2 and 3 in each RACF

Facility	Number of new preceptors	
	Stage 2	Stage 3
RACF 1	2	2
RACF 2	1	1
RACF 3	2	1
RACF 4	0	0
RACF 5	3	0
RACF 6	2	0
Total	13	4

Preparation of students and preceptors

Student preparation

In each Stage of the project, participation in the clinical placement in the RACFs represented the students' first major clinical practicum. Prior to this, in their first year, students in Stages 2 and 3, participated in 10 one-day placements in acute and aged care facilities where they had acted as observers.¹⁸

Students in the first year of the Bachelor of Nursing program have a focus on wellness and primary health care. The focus of the unit *Supportive Care in Hospital and the Community*, in year two of the Bachelor of Nursing, is on the individual and their family during an illness experience in an acute, community or aged care setting. The students are prepared by specific laboratory sessions where they practice a range of nursing interventions. Prior to their first clinical placement, SNM made a concerted effort to formally address the importance of the nurses' role in the provision of what is often described as 'basic' care. This included how to conduct a bed bath, assist a person onto a bed-pan or commode and manual handling techniques. Students were given the opportunity to practise these skills in the nursing labs with their colleagues. The students had been introduced to holistic care using a person-focused approach to the development of nursing care plans and interventions in the theoretical component of *Supportive Care in Hospital and Community Settings*.

With respect to the administration of medications, students involved in Stage 1 were required to successfully complete the *Medication Management for Nurses* package (University Department of Rural Health 2001) prior to the placement. Students in Stages 2 and 3 were required to complete Modules One and Four of the package prior to placement. These students will complete the remainder of the package in Semester Two after their placement.

The SNM also teaches a theoretical unit *Perspectives on Ageing*, which seeks to problematise the field of aged care and theoretically investigates ageism and ageist attitudes. The students involved in Stage 1 of the project had all completed this unit. The students involved in Stage 2 undertook the

¹⁸ Students involved in Stage 1 of the project did not participate in these observation days. The BN curriculum was modified in 2004 to enhance students engagement with practice

unit after their placement, in Second Semester, 2004. The students in Stage 3 completed the unit over a 10 week period immediately prior to commencing their clinical placement in the RACFs.

Preceptor preparation

Four weeks prior to the students' placement, a letter detailing the nursing skills they were expected to consolidate was sent to each RACF (Appendix 11). The intent of this letter was also to highlight that the students were relative novices to the practice setting and to outline the students' prior involvement in clinical placements.¹⁹

In Stages 2 and 3 of the project, in each facility the DON and educator/link nurse in each RACF was also provided with a comprehensive information package detailing the students' prior learning and practical experience. Included in this package were relevant assessment and practicum objectives to be developed during the students' clinical placement. It was anticipated that this information would be disseminated to all the facility staff as a part of the preparatory process implemented in each facility.²⁰ Further to this, the facilities were invited to nominate a time for all staff, both registered and enrolled nurses, PCAs and general staff, to meet face to face with the unit coordinator. In order to provide additional support to the staff a 'hot-line' phone number was provided. This was available 24 hours, 7 days a week and was utilised freely by both staff and students.

Attendance at weekly meetings

Preceptor attendance

The drop in attendance rate in Stage 3 of the project is directly attributable to the low attendance at research meetings in RACF 1 and 2 during this Stage (See Table 6 below).²¹ Moreover, the problems with attendance in Stage 3 of the project are further highlighted in Table 7 (see p 43 below), which illustrates that across both RACF 1 and 2 only one member of the original research team participated in the Stage 3 research meetings held in these facilities. As will be highlighted in Section 5, *Living on the Edge*, this had significant implications for continuity among preceptors within the facilities, which in turn had a deleterious effect on the students experience in the two nursing homes during Stage 3 of the project.

Table 6 shows the preceptor attendance rates at weekly meetings for stages 1-3. To be considered as a participant in the study, preceptors were required to fulfil a meaningful participation criterion which stipulated that to be included, they must have attended at least 2 research meetings. Those preceptors that did not meet this criterion were not considered in the attendance analysis.²²

With the exception of RACF 1 and 2 in Stage 3, attendance rates remained roughly consistent across regions and Stages with an average of just under 80%, which is remarkable given that preceptors in one region had to travel over 50Kms to attend every second meeting, and those in another also had to travel a significant distance every second week to participate in the research

¹⁹ For example, students involved in Stages 1 and 3 of the project, which took place in the second semester of the academic year, previously completed a three-week clinical placement in an acute hospital. However, for students involved in Stage 2 of the project, conducted in the first semester of the academic year, this clinical placement represented their first substantive experience of practice.

²⁰ See Section 6, *Orientation*, for a detailed account of the three-stage preparatory process implemented in the participating RACFs.

²¹ The issue of the low attendance rates in RACFs 1 and 2 during Stage 3 of the project is addressed in Section 5, *Living on the Edge*.

²² It is important to note that students were also supervised by staff in addition to these preceptors.

meetings. This is all the more noteworthy because as the literature highlights, nurses struggle to leave their hospital wards to attend meetings within the facility (Robinson, 1995; Street and Robinson, 1995; Robinson & Street, 2004), let alone travel to another facility some distance away as was the case in this research.

This attendance rate indicates the preceptors found participation in the research meetings valuable. Indeed, this finding is supported by the project evaluation represented in Figure 5 (over page), which highlights that over 85% of the preceptors considered participation in the research meetings as either ‘Extremely Helpful’ or ‘Very Helpful’. Similarly, the high attendance rate demonstrates the commitment of the preceptors employers to the project and its focus in developing key sites of teaching and research in aged care in Tasmania. Indeed, it was their employers who facilitated their participation and travel to meetings, as well as providing the necessary infrastructure to make this possible.

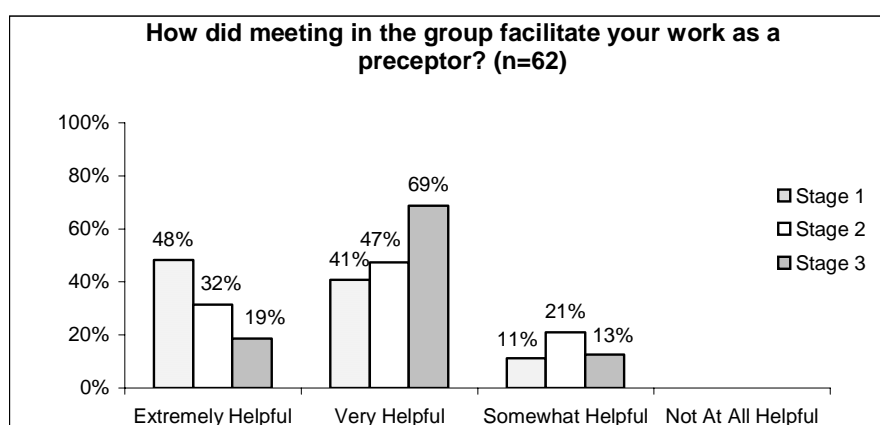
Table 6: Preceptor attendance by RACF groups Stages 1-3

Week	Number of attendees by RACF groups									Average attendance rate by week		
	RACF 1 & 2			RACF 3 & 4			RACF 5 & 6					
	Stage			Stage			Stage			Stage		
	1	2	3	1	2	3	1	2	3	1	2	3
1	8	7	N/A	9	8	N/A	8	9	N/A	83%	89%	N/A
2	8	7	2	9	8	9	7	8	5	80%	85%	70%
3	9	8	2	10	8	6	9	7	4	93%	85%	52%
4	6	4	4	8	8	7	10	7	5	80%	70%	70%
5	8	4	2	9	6	6	9	5	7	87%	52%	65%
Average attendance rate by group	78%	75%	42%	90%	76%	70%	86%	80%	75%	85%	77%	62%

Table 7: Preceptor attendance by project Stages

Region	Participated in Stage 1 Only	Participated in Stage 2 Only	Participated in Stage 3 Only	Participated in Stages 1 & 2 Only	Participated in all Stages
RACF 1 & 2	4	0	3	5	1
RACF 3 & 4	4	0	1	1	6
RACF 5 & 6	5	3	0	0	4
All Regions	13	3	4	6	11

Figure 5: Preceptor Attendance rate



Student attendance

In Stage 3 there were a total of 21 students; 7 in the Northern region, 7 in the North-west, and 7 in the South (Table 8). The average attendance rate across all regions was high, which is consistent with stages 2 and 3 (Table 9 and Table 10) where the total attendance rate was over 90%.

Table 8: Student attendance by region (Stage 3)

Week	Number of Attendees by Region			Average attendance rate by week
	<i>RACF 1 & 2</i>	<i>RACF 3 & 4</i>	<i>RACF 5 & 6</i>	
1	5	7	7	91%
2	7	7	6	95%
3	7	7	7	100%
Average attendance rate by region	95%	100%	95%	95%

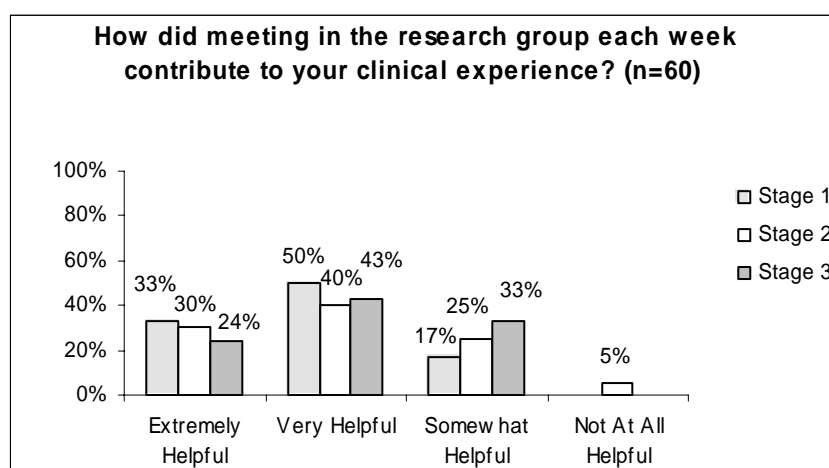
Table 9: Student attendance by region (Stage 2)

Week	Number of Attendees by Region			Average attendance rate by week
	<i>RACF 1 & 2</i>	<i>RACF 3 & 4</i>	<i>RACF 5 & 6</i>	
1	6	7	6	90%
2	5	7	7	90%
3	6	7	7	95%
Average attendance rate by region	81%	100%	95%	92%

Table 10: Student attendance by region (Stage 1)

Week	Number of Attendees by Region			Average attendance rate by week
	<i>RACF 1 & 2</i>	<i>RACF 3 & 4</i>	<i>RACF 5 & 6</i>	
1	6	7	4	86%
2	4	7	7	89%
3	6	7	7	94%
<i>Average attendance rate by region</i>	<i>83%</i>	<i>100%</i>	<i>86%</i>	<i>90%</i>

The benefits that students associated with attending the research meetings are evident in the evaluation (see Figure 6 below) of the project, with around 75% of students rating participation in the meetings as being either ‘Extremely Helpful’ or ‘Very Helpful’.

Figure 6: The value of research group meetings


4. Background data

Facility information

Similar to Stage 2, all six of the RACFs involved in Stage 3 were contacted by email, and by phone to collect information regarding their bed numbers and staffing ratios. As can be seen from Table 11 the facilities vary considerably in size. Of note both RACF 1 and 6 have increased in size by 30 beds each since Stage 1.

Table 11: Number of resident beds by RACF (July 2004)

RACF Number	Number of Beds	Percentage High Care Beds	Percentage Low Care Beds
	Stage 3		
RACF 1	65 - 100	59%	41%
RACF 2	65 - 100	91%	9%
RACF 3	>100	50%	50%
RACF 4	65 - 100	59%	41%
RACF 5	>100	69%	31%
RACF 6	65 - 100	65%	35%

Staffing profile for each participating facility

The staffing profiles highlight how RACFs have a large proportion of part-time and casual staff (Table 12). It is interesting to note the substantially higher number of PCAs employed by the largest facility (RACF 5), and that this facility also employs the third least number of registered nurses, and the highest number of enrolled nurses. The smallest facility appears to have the highest registered nurse to resident ratio.

Table 12: Staff profile by facility (Stage 3)

Location	RN		EN		PCA	
	full time	part time/casual	full time	part time	full time	part time/casual
RACF 1	2	14	-	6	-	25
RACF 2	1	13	1	7	3	45
RACF 3	3	14	1	7	-	43
RACF 4	2	13	1	8	-	30
RACF 5	-	16	2	20	-	99
RACF 6	1	10	2	8	-	40

Table 13: Staffing profile by facility (Stage 2)

Location	RN		EN		PCA	
	full time	part time/casual	full time	part time	full time	part time/casual
RACF 1	2	14	-	3	-	25
RACF 2	1	17	2	5	4	47
RACF 3	3	14	1	7	-	43
RACF 4	2	13	1	8	-	30
RACF 5	1	15	2	18	-	99
RACF 6	2	10	1	8	-	40

Table 14: Staffing profile by facility (Stage 1)

Location	RN		EN		PCA	
	full time	part time/casual	full time	part time	full time	part time/casual
RACF 1	2	13	-	3	3	26
RACF 2	2	18	4	4	-	53
RACF 3	3	18	1	6	-	39
RACF 4	2	13	1	8	-	30
RACF 5	1	15	2	18	-	99
RACF 6	1	10	-	8	-	35

Staffing Profile By Shift

The staffing profile per shift (see Table 15 and Table 16 below) is important data to consider because this largely determines who will be available to work with students on placement in the RACFs.²³ As would be expected, the largest RACF rosters the greatest number of staff per shift. This data also shows that in Stage 2 RACF 1 did not roster any ENs to work on the morning or afternoon shifts during the time the students were in their facility.

Table 15: Staffing profile per shift by facility (Stage 2)²⁴

Location	Beds	Students	Morning			Afternoon		
			RN	EN	PCA	RN	EN	PCA
RACF 1	65 -100	3	2	-	7	1	-	4
RACF 2	65 -100	3	1	2	11	1	2	7
RACF 3	>100	3	2	2	8.5	2	2	5
RACF 4	65 - 100	4	2	2	10	2	2	8.5
RACF 5	>100	4	1	6	19	1	3	13
RACF 6	65 -100	3	2	3	8	1	1	6

²³ The figures documented in Table 15 and table 16 were obtained from DONs or Human Resource staff in each facility.

²⁴ This table is based on a Full Time Equivalent (FTE) resource being equal to 8 hours of work per shift

Table 15 also highlights that facilities roster either one or two RNs for the morning and afternoon shifts. Of note, while RACF 4 and RACF 5 both took 4 students, interestingly, half the number of RNs were available per shift in RACF 5 compared to RACF 4. This is also the case in Stage 3 of the project.

Table 16: Staffing profile per shift by facility (Stage 3)

Location	Beds	Students	Morning			Afternoon		
			RN	EN	PCA	RN	EN	PCA
RACF 1	65 - 100	3	2 FTEs	1 FTE-	5.3 FTEs	1 FTE	2FTEs	3.3 FTEs
RACF 2	65 - 100	3	1 FTE	1.5 FTEs	10.2 FTEs	1 FTE	0.9 FTEs	5.8 FTEs
RACF 3	>100	3	2 FTEs	2 FTE ²⁵	8.5 FTEs	1.8 FTEs	2 FTEs	5 FTEs
RACF 4	65 - 100	4	2 FTEs	1 FTE	7.6 FTEs	2 FTEs	1 FTE	4.3 FTE
RACF 5 ²⁶	>100	4	1 FTE	5.6 FTEs	14.8 FTEs	2 FTE	3 FTEs	8.7 FTEs
RACF 6	65 - 100	3	2 FTEs	3 FTEs	8 FTEs	1 FTE	1 FTEs	6 FTEs

Student demographics & expectations

Figure 7 below shows the age distribution of the student cohort in Stages 1-3. It demonstrates that compared to Stages 1 and 2 the Stage 3 cohort was a predominately younger group of students with 86% aged between 18-25 years. Stage 2 was the oldest cohort with 43% being 30 years or older while Stage 2 was mixed with 60% aged 18-25 years and 40% aged between 26 and 35.

Figure 7: Student nurse age

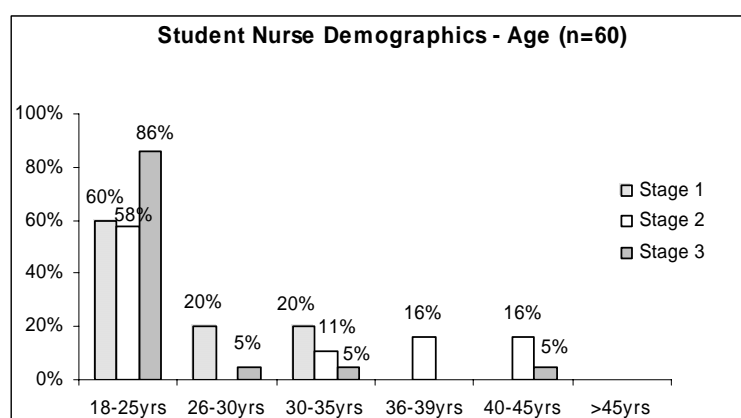


Figure 8 outlines students' prior experience in an aged care facility. The percentage of students that had worked in an aged care facility progressively decreased over the three stages from 55% in Stage 1 to only 15% in Stage 3. The high percentage of students with no prior aged care experience in Stage 3 (86%) is consistent with the age profile of this cohort where 86% of the students were

²⁵ At RACF 3 there is sometimes an extra EN FTE during a morning shift

²⁶ RACF 5 morning shift duration is 8 hours and afternoon shift is 7 hours

aged between 18-25 years (Figure 8). Of the students with prior aged care experience 100% had worked as PCAs in Stages 2 and 3 compared to 91% of the Stage 1 cohort (see Figure 9).

Figure 8: Previous aged care experience

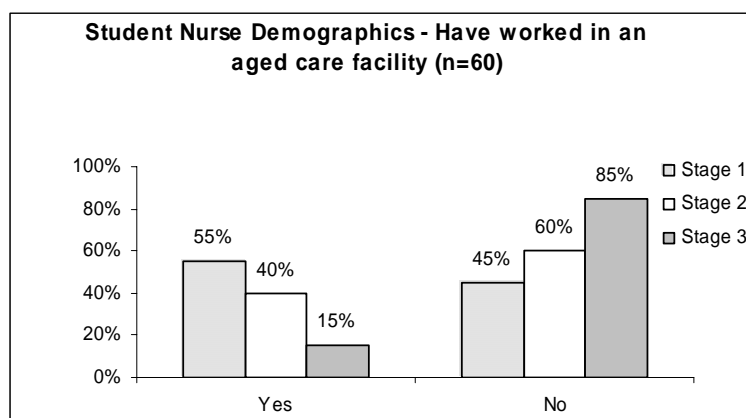


Figure 9: Previous aged care role

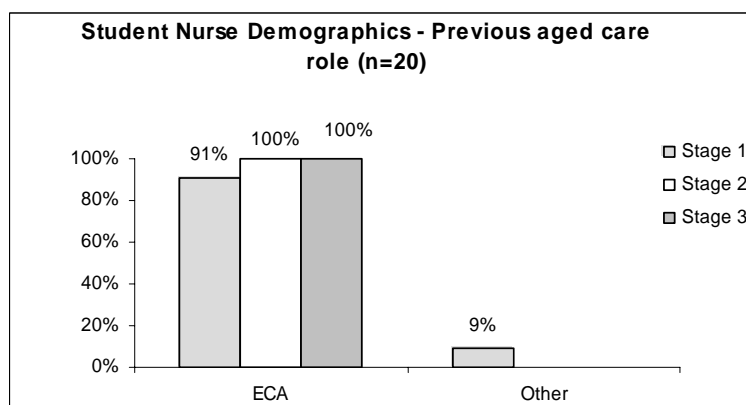
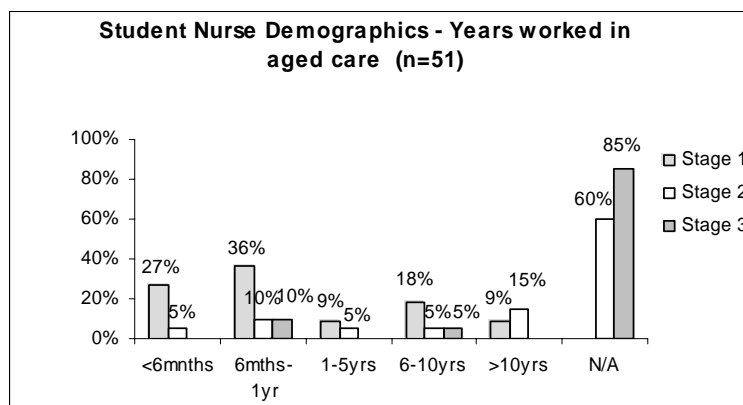


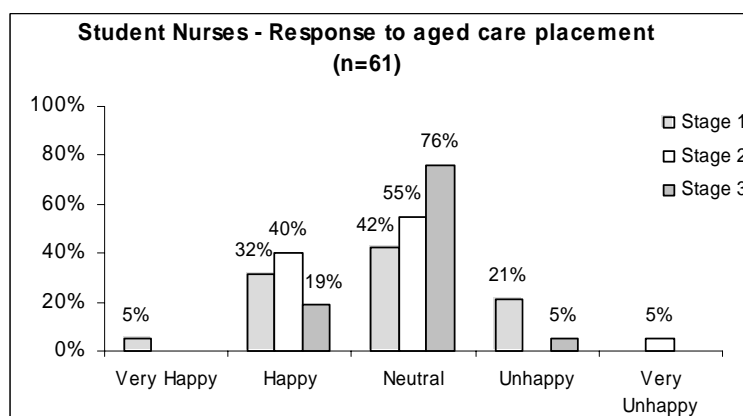
Figure 10 shows that despite being an older group, the students involved in Stage 2 had worked in aged care for a shorter period of time, except for those students who had worked in the sector for >10 years. The length of time that students had worked in aged care in Stage 3 was consistent with the age profile of the cohort where only 5% had worked in aged care for more than 5 years, compared to 27% in Stage 1 and 20% in Stage 2.

Figure 10: Years worked in aged care²⁷



The students' response to being informed that they would be on placement in aged care is outlined in Figure 11. Compared to Stages 1 and 2, the Stage 3 participants were more neutral towards the prospect of undertaking a placement in aged care (73%). No students were 'very happy' or 'very unhappy' in Stage 3, while 5% of students were 'very unhappy' in Stage 2 and 5% were 'very happy' in Stage 1.

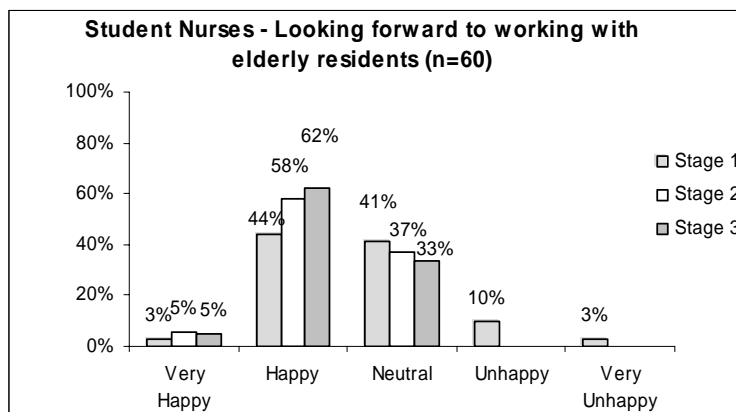
Figure 11: Response to being informed of the placement



Student expectations of working with elderly residents are documented in Figure 12. This shows that in Stages 1-3 most students were happy or had neutral feelings about their expectations of working with the residents.

²⁷ The number of respondents for this question (n=51) is lower than the total number of students that participated over the three stages due to a high number of non-responses.

Figure 12: Attitude towards working with elderly residents



Preceptor demographics

Figure 13 shows a comparison between Stage 1-3 preceptors. It demonstrates that in each Stage 50% of the preceptors were aged over 50 years. Nationally approximately a quarter of PCAs and ENs are 50 years of age or over, while the rate for Registered Nurses is 46% of (Richardson and Martin 2004). This profile generally reflects that of the nurses who participated in this project.

Figure 13: Preceptor age

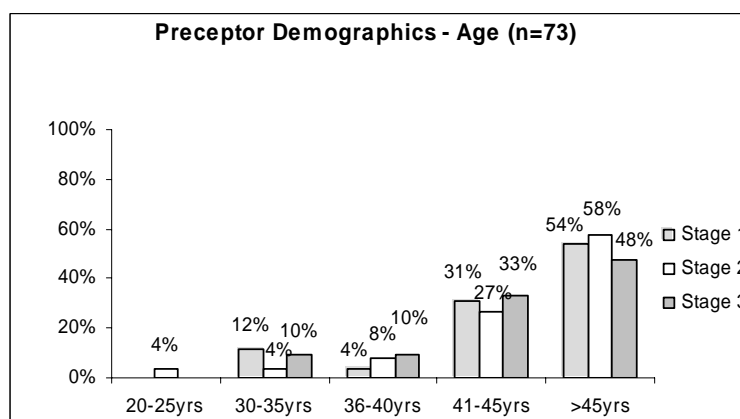


Figure 14 demonstrates that the ratio of RNs to ENs participating in the project in Stages 1-3 was roughly the same, with slightly fewer RNs being involved in Stage 2 (65%) compared to Stage 1 (69%) and Stage 3 (72%).

Figure 14: Preceptor roles

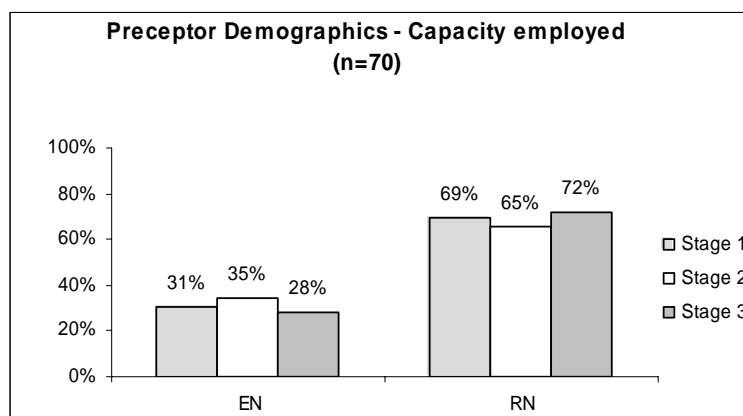
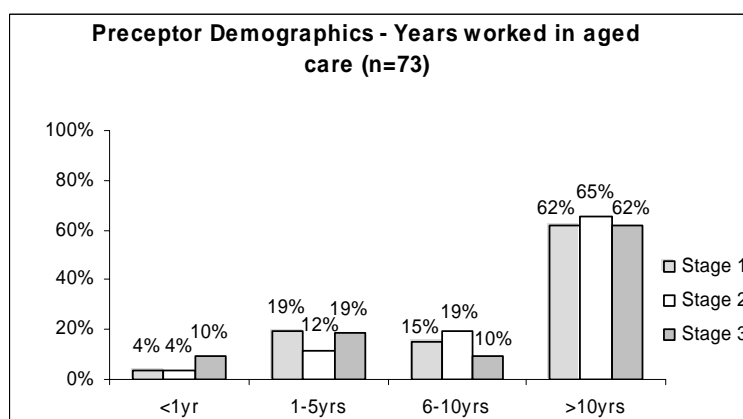


Figure 15 (below) illustrates that the majority of preceptors in each stage had significant experience in the sector. The experience profile is similar across the three stages despite the addition of new preceptors in Stages 2 and 3. Of note, over 60% of the preceptors in each stage had greater than 10 years experience and the preceptors in Stage 3 were slightly less experienced than other stages with 10% having less than 1 year of experience.

Figure 15: Number of years preceptors have worked in aged care



It can be seen in Figure 16 that a significantly higher (62%) percentage of preceptors had worked in the same facility for greater than 10 years in Stage 3 compared to Stages 1 and 2 (23%).

Figure 16: Years worked in current facility

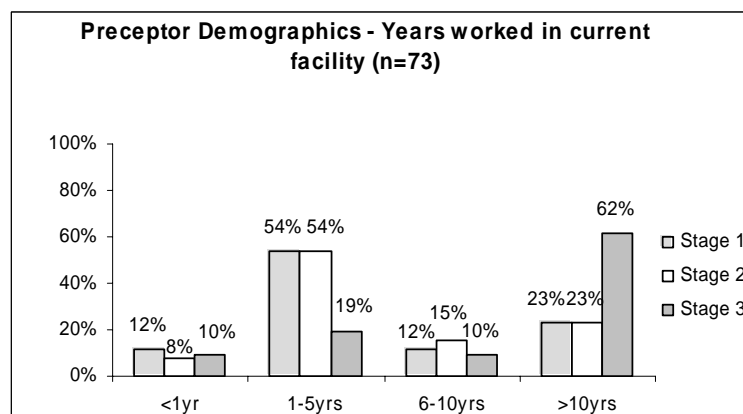


Figure 17 highlights that the percentage of preceptors that had undertaken a preceptor training course increased over the three stages. Of the participants in Stage 1, 38% had attended a training course prior to the commencement of the research which increased to 64% by the start of Stage 3.(see Table 16 for a breakdown of these courses).

Figure 17: Preceptor prior training

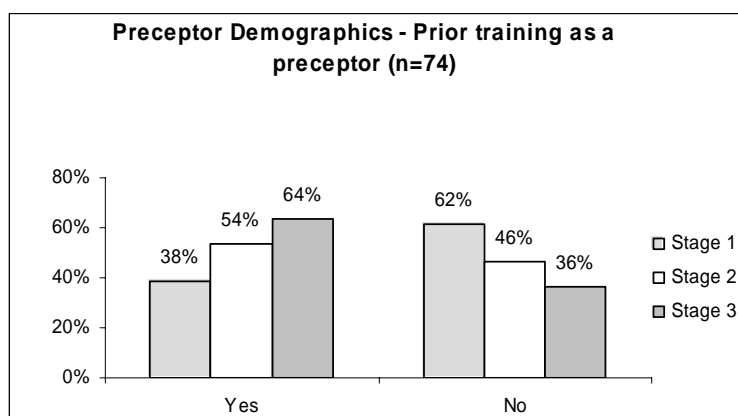


Table 17: Type of preceptor training undertaken

Qualification	Frequency	
	Stage 2	Stage 3
NBT Assessor	6	5
Preceptor Course	1	-
Previous Project	1	2

The percentage of preceptors with a postgraduate qualification was similar across the three stages of the project where over 40% of respondents indicated that they held a qualification (Figure 18).

Figure 18: Postgraduate qualifications

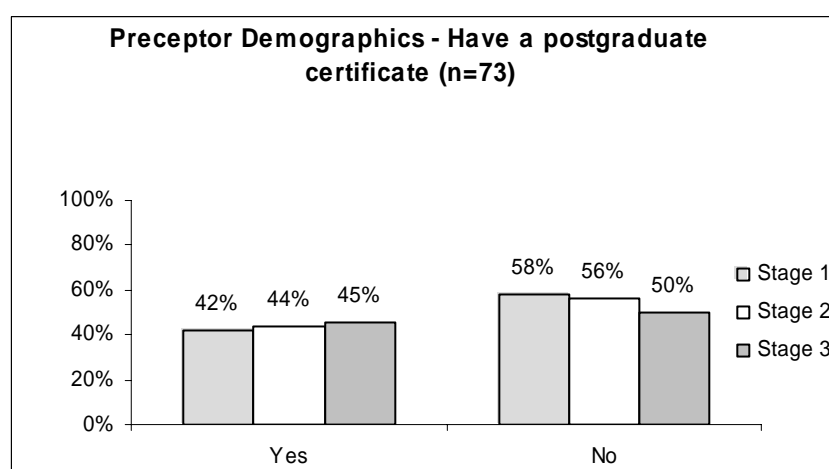


Table 18 below highlights that the most common type of postgraduate qualification among preceptors is Midwifery.

Table 18: Type of postgraduate qualification - Stages 1, 2 and 3 comparison

Qualification	Frequency		
	Stage 1	Stage 2	Stage 3
B App Sc (Nursing)	1	1	0
Midwifery	3	5	6
Gerontics	0	1	0
Theatre course	1	1	1
Dip Remedial Massage	0	1	0
Dip Shiatsu Therapy	0	1	0
CIV Assessment & Workplace Training	1	1	2
CIV Frontline Management	0	1	0
Medication Endorsement	1	1	0
Palliative Care Certificate	1	2	2
Dip Family & Child Health	0	1	1
Endoscopy	1	0	0
Unit 1 of the Aged Care Post Graduate Certificate	1	0	0

5. Living on the edge – Issues in Recruitment and Retention

Background

While the aged care industry is a major employer in the Australian economy (Hogan 2004), there are longstanding concerns regarding the recruitment and retention of registered nurses (RNs) into the sector. In Tasmania the situation has been exacerbated by the historically limited engagement of undergraduate nursing students in residential aged care facilities (RACFs).

Concerns with recruitment and retention have been raised in a number of key reports. The Review of Pricing Arrangements in Residential Aged Care (Hogan 2004) highlights ongoing concerns with shortages of registered nurses and problems with recruitment and retention. Similarly, the National Institute of Labour Studies (Richardson and Martin 2004) reports evidence that there are shortages of nurses willing to work in aged care. This is reflected in higher than normal position vacancy rates, difficulties recruiting nurses and that nurses currently employed in aged care are less satisfied than other workers employed in the sector. Similarly, the National Review of Nursing Education 2002 (Department of Education; Science and Training and Department of Health and Ageing 2002a) cited problems with recruitment and retention of nurses in aged care as ‘the most significant issue’ related to the aged care workforce. This is all the more problematic because the aged care workforce is itself ageing (Hogan, 2004), a phenomena replicated in the RACFs involved in the Building Connections in Aged Care project.²⁸

With respect to this issue, the Pricing Review (Hogan 2004:222-223) identifies numerous barriers to employment in the sector. These include a lack of wage parity, poor working conditions, as well as lack of educational opportunities and career paths for nurses in aged care. The Review also notes that unsupportive work environments, stress associated with staff shortages and high workloads, combined with increases in resident dependency are also seen as contributing to problems with recruitment and retention in the aged care industry.

Concerns with recruitment and retention in the sector underpin the Australian Government Department of Health and Ageing (DoHA) attempts to promote aged care to student nurses as a viable career option, through the CACNSS. The DoHA has also funded the development of a principles paper, which outlines ‘desirable aged care content for inclusion in undergraduate nursing curricula’ in recognition that to promote aged care nursing it is important to address ‘inconsistent or hidden content in aged care curricula’ as well as its poor image (Queensland University of Technology 2004).

The interest in the Building Connections in Aged Care project in developing quality clinical placements in aged care, as a strategy to promote recruitment into the sector, has never been more relevant. Indeed, a key focus of this project was to facilitate the development of quality clinical placements as a strategy to positively influence student attitudes to working in the sector.

Following the scoping study conducted in Stage 1, Stage 2 of the project involved implementing strategies to address key issues identified. The implementation of these strategies and associated changes had a major impact. This was no more obvious than the positive change in student attitude to working in the sector. Stage 3 of Building Connections sought in part, to evaluate the sustainability of the significant improvements achieved in Stage 2.

It is important to note that in Stage 3, as outlined in Section 3, the research team made a strategic decision **NOT** to meet with the members of preceptor research groups in each region to plan the third student practicum. Rather, it was left to the preceptor groups in each RACF to

²⁸ See Section 4 of this report, preceptor demographics.

instigate this process and put in place the structures and processes to support students in line with the recommendations outlined in the Stage 2 report.

A key intent of this process was to assess the sustainability of improvement achieved in Stage 2, as well as the degree to which participation in the research had built capacity among the various preceptors groups in each of the six RACFs, to effectively support students while on placement in their facilities.

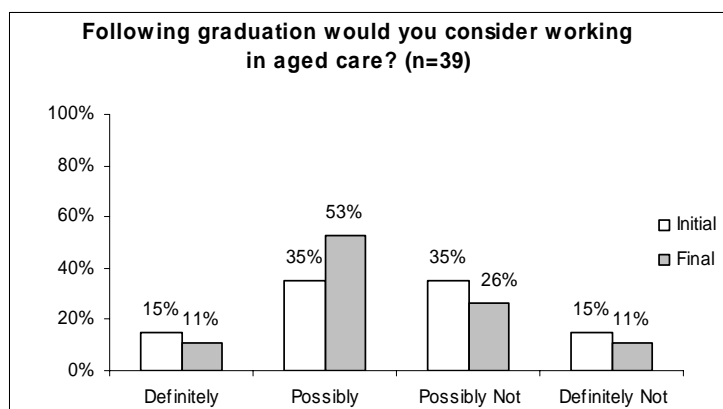
Student interest in working in aged care

Given the potential impact on the recruitment and retention, a key focus of this project was to develop strategies, which would have a positive impact on student attitudes to working in the sector. This was important because it is well documented that student nurses have a negative perception of working in aged care (Happell 2002), which in turn impacts on the recruitment of nurses into the sector.

Stage 1 Findings — Student career intentions

In Stage 1 of the study students were surveyed at the beginning of their practicum and immediately prior to its completion. Figure 19 below highlights that on entry 50% of students indicated that they would ‘Definitely/Possibly’ consider working in aged care.

Figure 19: Student Nurse – Career Intentions



However, it is also important to note that on entry a further 35% of students indicated that they were not definite in the view that they would not work in the sector.

On exit it was apparent that there had been a small shift in positive sentiment (to 64%) regarding student attitude to working in aged care following graduation, as evident in Figure 19. Of significance the number of students who indicated an interest in definitely working in the sector following graduation had decreased. This finding is significant because despite the numerous problems many students experienced during Stage 1, as highlighted in the Stage 1 report, they did have access to the support structures available through their participation in the research meetings, which were conducted in each week of the practicum. This result suggested that without the development of structures and process to better support students within the RACFs, simply meeting with them and giving them an opportunity to share their issues and concerns, would have had, at best, limited impact.

Stage 2 Findings — Student career intentions

In Stage 2 a number of strategies were implemented to address problems with orientation and continuity identified in Stage 1 of the project.²⁹ The project evaluations indicated that the interventions had a major impact, no more obvious than the positive change in student attitude to working in the sector.

With respect to career intentions, in Stage 2, students were surveyed to determine their attitude to working in aged care as a registered nurse:

- prior to commencing the placement;
- after 4 days in practice and following orientation to the RACFs; and
- at the end of the placement.

As evident in Figure 20 below, analysis of the student responses to the question '*Following graduation would you consider working in aged care*' demonstrates that the implementation of the Stage 1 recommendations had a significant positive impact on students' stated career intentions.

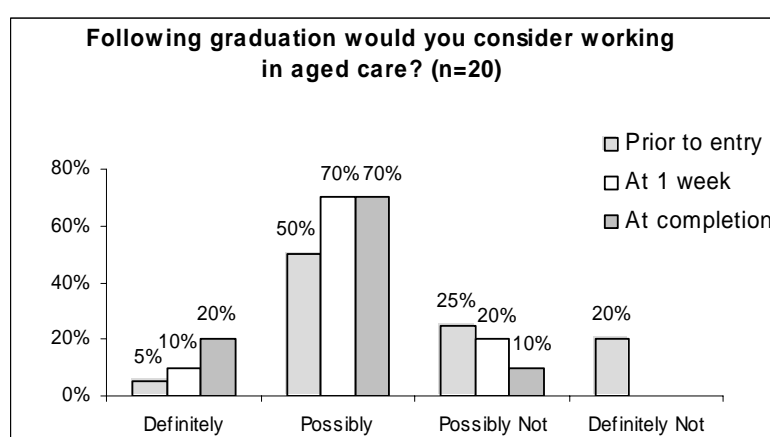
As outlined in the Stage 2 report, on commencement 45% of students indicated they would 'Possibly Not/Definitely Not' have an interest in working in aged care following graduation. However, this sentiment changed such that:

- at the end of week one, following orientation to the facilities, 80% of students indicated a 'Possible/Definite' interest in working in aged care following graduation; and
- at the completion of the practicum 90% of students indicated a 'Possible/Definite' interest in working in aged care following graduation.

The evaluation also demonstrated a decrease in the number of students who held definite views that they would not work in aged care following graduation. For example;

- Prior to commencing the placement, 20% of students indicated that they would 'Definitely Not' work in aged care following graduation;
- On completion of the practicum no students indicated that they would 'Definitely Not' work in aged care following graduation. Of note, as demonstrated in Figure 20, this shift in sentiment occurred following orientation to the facilities.

Figure 20: Change in student attitude – Stage 2



These findings demonstrate that demonstrate that the implementation of the Stage 1 recommendations had a significant positive impact on students' stated career intentions and that an effective orientation to the facilities was a critical process.

²⁹ These interventions are outlined in detail in Section 6 and Section 7 of this report.

Stage 3 Findings: Student career intentions

Stage 3 of the project replicated Stage 2 with an additional focus on exploring student involvement in clinical activities, investigating the strategies used to supervise students and student engagement with residents. However, as outlined previously, in an effort to test sustainability in each region the members of the preceptor groups did not meet with the research team to plan the Stage 3 practicum, prior to the students entry into the facilities.

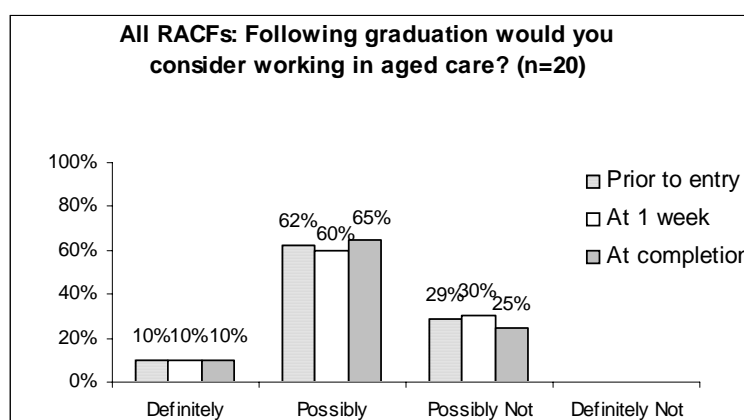
Consistent with Stage 2, in Stage 3 of the project students were again surveyed:

- Prior to commencing the placement;
- After 4 days in practice and following orientation to the RACFs; and
- At the end of the placement.

As demonstrated in Figure 21 below, the data indicates there was limited change in student career intentions following the completion of the practicum. It highlights that:

- on entry around 70% of students indicated an interest in working in aged care;
- after 1 week the attitude of students had not changed (70%); and
- at completion the % of students who would contemplate a career in aged care had risen slightly (75%).

Figure 21: Change in student attitude – Stage 3

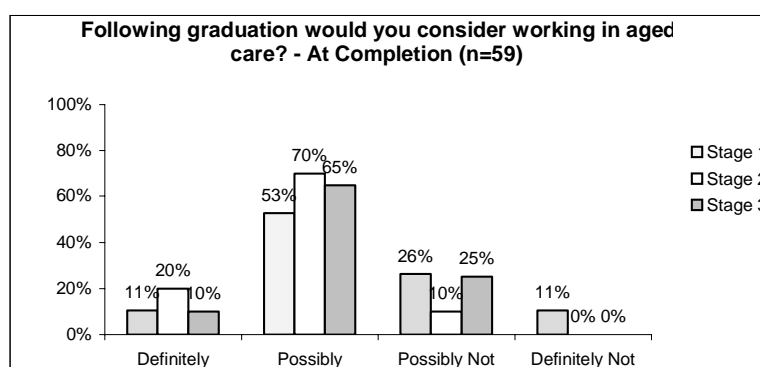


These findings are notable because:

- a positive shift in student attitude was not evident in Stage 3, when compared with Stage 2 (See Figure 20 above)
- the high level of interest students had in working in aged care on entry to the facilities
- the consistency of results across the three weeks of the practicum; and
- the lack of impact of the practicum on improving their attitude to working in the sector.

A comparison across stages at the completion of the practicum highlights that compared to Stage 2, Stage 3 of the project had limited if any impact on student attitude. Indeed, the results of Stage 3 more closely mirror Stage 1 than Stage 2, apart from the higher initial positive response.

Figure 22: Change in student attitude – Stages 1-3



On the face of it this was a very disappointing result. It suggested that without significant input from the members of the research team prior to the students' entry into the RACF, there was limited possibility of improving students' attitude to working in the sector.

Factors impacting on student career intentions

The issue of meeting attendance in RACF 1 and 2

While the Stage 3 findings with respect to changes in student attitude to working in the sector were disappointing, the data indicated that all was not necessarily as it seemed. Indeed, over the course of Stage 3 a pattern emerged which suggested that two RACFs struggled to effectively participate in the Stage 3 research. This was most apparent in terms of their meeting attendance. In Stage 3 of the project the attendance rate was 42%, just under half that of Stages 1 and 2 in these two facilities, compared to nearly 80% in the other participating RACFs. To make matters worse, it also appeared that in these facilities the number of staff in RACFs 1 and 2 that actively participated in the research (i.e. those who attended research meetings) was around half the number (5 participants) that actively participated in Stages 1 and 2 (8-9 participants). Furthermore, as highlighted in Table 6 (Section 3 Preceptor Attendance Profiles) five nurses from RACFs 1 and 2 participated in both in Stages 1 and 2 of the project, while only one nurse participated in all three stages. This meant that in Stage 3 the research had a far smaller 'foot-print' in these facilities, with only one participant who had a working knowledge of the two preceding stages and the lessons learnt.

Why poor attendance rate?

During the project information was sought in an attempt to understand why the attendance rate at meetings and effective participation in the research had decreased so significantly in RACFs 1 and 2. With respect to RACF 2, it emerged that this facility had experienced a number of changes in key management personnel since the project began. This is a significant issue that has implications for the operation of residential care facilities and as such is reflected in the Aged Care Act (1997) whereby it is a requirement that RACFs notify the relevant Commonwealth Department in the event of a change of key management personnel.³⁰ Furthermore, according to staff this facility had also been subject to a number of accreditation visits conducted by the Aged Care Standards and

³⁰ Section 9-1 of the Aged Care Act (1997) stipulates that an approved provider must notify the Secretary within 28 days of 'a change of any of the approved provider's key personnel.' The definition of Key personnel includes 'any person who is responsible for the overall nursing care provided, or to be provided, by the *aged care service conducted, or to be conducted, by the applicant.' (The Attorney Generals Department 1997. AGED CARE ACT 1997 No. 112, 1997. Canberra. <http://scaletext.law.gov.au/html/comact/9/5674/0/CM000410.htm> Accessed 8/2/05).

Accreditation Agency Ltd on behalf of the Commonwealth Department of Health and Aged Care.³¹ This was a highly stressful experience as one nurse noted when she recounted that accreditation visits:

... are extremely stressful in this facility because we have had a hostile audit ... [and] we were picked up on some things they weren't happy with so we had to fix that

As a consequence, this preceptor indicated that staff in the facility were ‘*really very nervous and tense when the accreditation team visit...*’, which they did in the period immediately prior to the students arrival to begin their three week practicum in Stage 3 of the project.³² In this context, participation in the research meetings was seen as an extra burden, as one preceptor indicated when she said:

I certainly think it [attendance at the research meetings] impacts on them because it is an extra pressure so that when they are feeling exhausted I suppose it is how much you have left to give.

The second facility in this region opened a significant number of new beds immediately prior to the students’ arrival in September 2004. This was clearly a stressful time for the nurses, as one preceptor intimated when she said:

You should have seen me after the end of September, when I had been working to admit nineteen people as well as to put my heart and soul into the student [I was preceptor to]. I thought I was going to be cactus at least for a week.

Combined with the absence of key staff integral to the research, this undermined the capacity of staff from this facility to participate in the research in Stage 3.³³ It also meant that in Stage 3 the students on placement in this facility had at best limited access to staff that had previously been actively involved in the project.

Indeed, it was apparent that during this time RACF 1 also had a large amount of agency staff rotating through shifts. The preceptors argued that while this did affect continuity with staff for some students, it also allowed the students to demonstrate their competence and knowledge to casual staff members, because they worked in the same area over the three-week practicum. One preceptor reported:

I found that the agency staff were very good with the students and it was like two of them learning together and in some instances the students were able to teach the agency staff particularly the things about different residents that they'd already learn

³¹ According to the Department of Health and Ageing ‘Residential Care Manual’, Section 1.1 Broad Description of the Residential Aged Care Program, RACFs are subject to an ‘... accreditation based quality assurance system, overseen by the Aged Care Standards and Accreditation Agency Ltd, [which] involves Government working in partnership with consumers and providers to balance the recognition and encouragement of higher quality and excellence with action against low quality services. The system includes consideration of compliance with prudential requirements and certification status, and ensures services employ appropriately qualified and skilled staff to meet the needs of their residents.’ In section 11.3.1, The Residential Care Manual goes on to state: ‘To demonstrate that an aged care home is delivering appropriate quality of care, services must undergo assessment by the Aged Care Standards and Accreditation Agency against the Accreditation Standards. Also considered in the audit for accreditation are quality of buildings, concessional and assisted resident ratios, and prudential arrangements’ (Australian Department of Health and Ageing 2001. Residential Care Manual. Aged and Community Care Division, Canberra. <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/ageing-manuals-rcm-contents-1intro.htm> Accessed 8/2/05)

³² Anecdotal evidence indicates that the Accreditation authority often conduct a spot check of a facility soon after a change of key personnel.

³³ Of the four key staff involved in the earlier two stages at RACF 1, one had holidays, and a second was on maternity leave during Stage 3 and a third had left the facility. A fourth participant went on maternity leave during Stage 3, while participation of a fifth member was disrupted by sickness and an inability to attend meetings due to the heavy workload associated with an influx of new admissions to the facility.

Such comments were supported by some students. For example, one student recounted working with an agency nurse who:

didn't know the residents or anything...so I was able to tell her about who had eye drops and which insulin was for a certain resident and where to start, so it made me think of what I had actually learned on the drug round.

Students' Experience in the RACFs

In general the students in RACF 1 and 2 did report having a positive experience in the facilities during the research meetings. On occasions issues leaked through the discussions which suggested that things were not all well. For example, a student in one facility reported how problematic and unsettling having a lack of continuity of preceptor and area can be. She said:

... we are with the RN for the start of the day and you can stay with them for a while [while they start the drug round] and then they say you can go with this PCA, and then the PCA's will say, 'well you go with this PCA' and you stay with them for a while and... [then] they send you with another PCA. The other day I was with about six different people in two different areas and I hated it. Like I wouldn't mind being in the same area, so I get to know that residents in the one area. I have been pushed around a bit.

This lack of continuity and perceived absence of enthusiasm from her preceptor had left the student feeling a little neglected. Moreover, when the preceptor did engage with her it was at inappropriate times. Indeed, in week 2 of the practicum the research case notes record that in this facility, 'The students acknowledged that there was a plan for them to have continuity with their preceptor, however, in reality this had not been the case.'

Other comments also suggested that even in the context of continuity, the RNs who worked with the students struggled to engage with them. For example one student reported:

... I have been with an RN every single shift and I would rather go with a PCA, because the RN's have got so much to do and they come and get you when they are going to do an injection or something, but like they have to go on their [drug] round and I hate going around with them.

In RACF 1, in the second week of the practicum the research case notes reflect the impact of the admission of new residents into the facility on the students' experience. The notes report:

Students at RACF 1 reported having a few problems due to the shortage of regular staff, and the arrival of a large number of new residents into the facility. This had significantly impacted on the availability of regular staff to precept them.

At this meeting one student recounted:

... I had an agency nurse when I worked a late earlier this week, and she asked the other RN that I work with more frequently whether I should be going off and doing anything else. She was under the impression that I was to stay with her the whole time and if I wanted to go and speak to a residents then that was just unacceptable, that I needed to be with her [doing the drug round]... . She just wanted to keep me busy.

Similar concerns with a lack of continuity were also reported in the third week of the practicum.

Student assessment of preceptors and PCAs

Concerns raised by students in the context of the research meetings held in RACFs 1 and 2 are also reflected in the Stage 3 evaluation. Here it became evident there were significant differences between the students' experience of preceptors in RACFs 1 and 2, and the other participating facilities (RACFs 3 - 6). The following figures highlight that students perceived their preceptors to be not as friendly (Figure 23) or supportive (Figure 24), and somewhat less helpful (Figure 25) in

RACFs 1 and 2 as compared to the students on placement in the other facilities. It is interesting to note that similar to Stage 2, all students in the other 4 facilities were unanimously positive about their preceptors.

Figure 23: Comparison of Friendly Preceptors - Stage 3

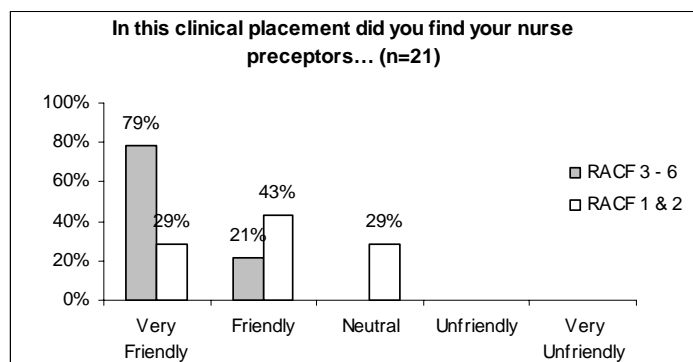


Figure 24: Comparison of Supportive Preceptors - Stage 3

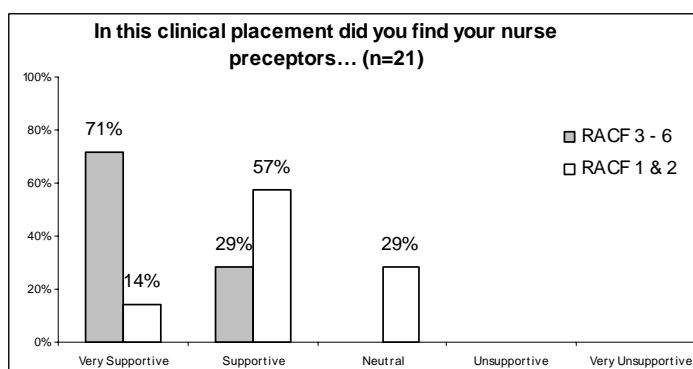
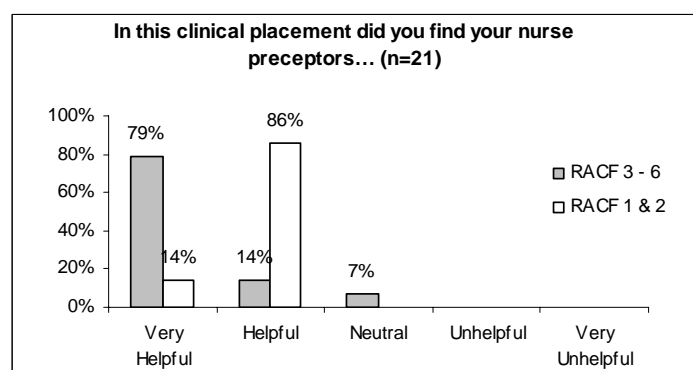
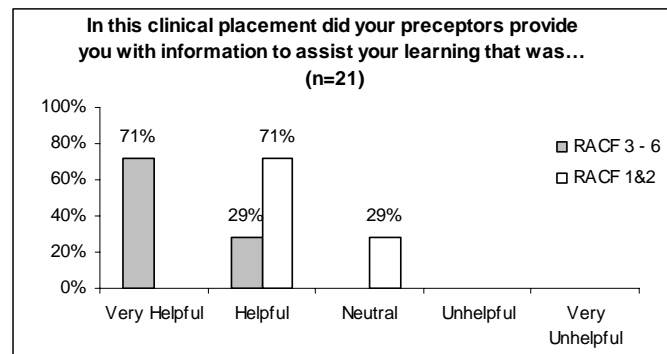


Figure 25: Comparison of Helpful Preceptors - Stage 3



It is also notable to see the difference between RACFs 1 and 2 and the other four facilities with respect to the students' assessment of the usefulness of information provided by their preceptors. The poor level of continuity in RACFs 1 and 2 in Stage 3, combined with students working with many staff who had no little or no prior involvement in the research, indicates that the preceptors had a more limited capacity to provide students with timely and useful information that supported teaching and learning. Given the close link between continuity of student and preceptor and facilitating teaching and learning, this finding is not unexpected.

Figure 26: Comparison of useful information from preceptors - Stage 3



The differences between RACFs 1 and 2 and the remaining facilities are also evident in the students' perceptions of the PCAs. For example, the figures below highlight a significant difference between the students' experience of PCAs in RACFs 1 and 2, in terms of their helpfulness, support, friendliness and usefulness of information, as compared to the students on placement in the other facilities in Stage 3 (this was not evaluated in Stage 1). This finding suggests that with the pressures staff faced in the two facilities and the loss of key staff, involved in earlier stages of the project, impacted on these facilities' capacity to prepare and support PCAs to work with students.

Figure 27: Comparison of Friendly PCAs - Stage 3

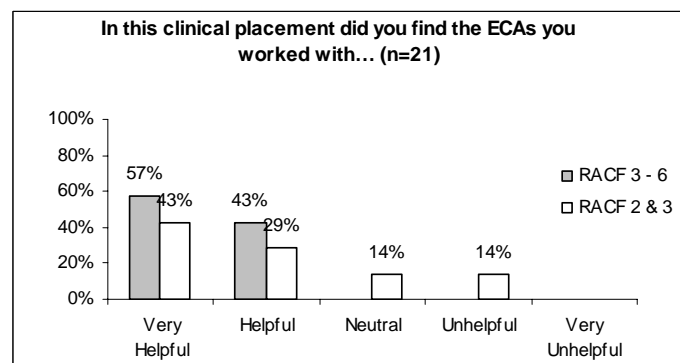


Figure 28: Comparison of Supportive PCAs - Stage 3

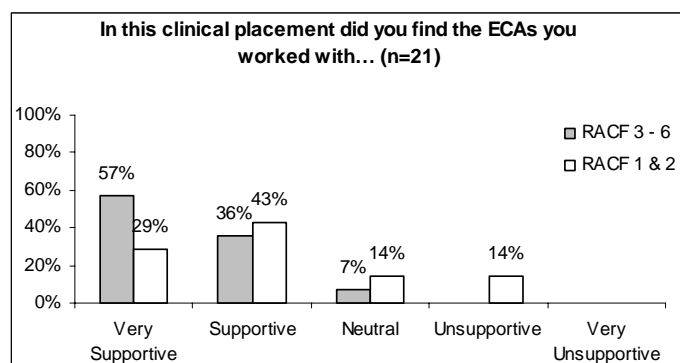


Figure 29: Comparison of Helpful PCAs - Stage 3

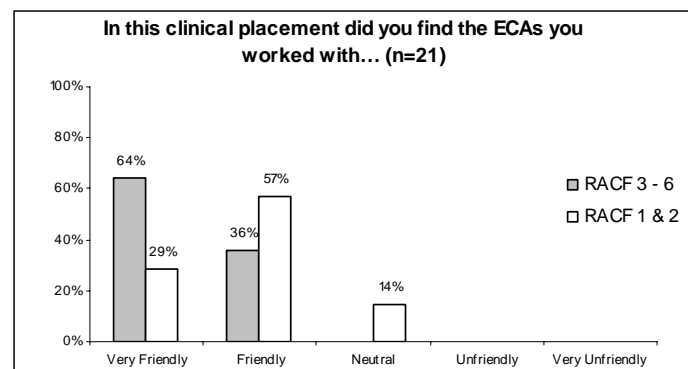
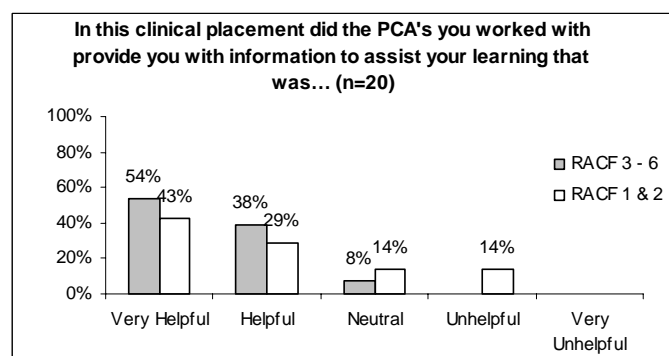


Figure 30: Comparison of Useful information from PCAs - Stage 3



At the same time the project evaluations also demonstrate a significant shift in the students' assessment of their preceptors within RACFs 1 and 2 in stage 3 of the project, when compared to the students on placement in those facilities in Stages 1 and 2. For example, Figures 31, 32 and 33, below, illustrate a negative shift in students' perception of their preceptors in Stage 3 as compared to the previous Stages of the project, with respect to their preceptors being helpful, friendly and supportive. This data indicates that the findings in Stage 3 are anomalous compared to the other two stages of the project, especially in Stage 1 when RACFs 1 and 2 excelled relative to their counterparts in the other two regions of the State. Thus, it is arguable that the change in circumstance in these two facilities in Stage 3 of the project had a significant impact on their capacity to support students.

Figure 31: RACF 1 and 2 Helpful Preceptors RACF - Stages 1 - 3

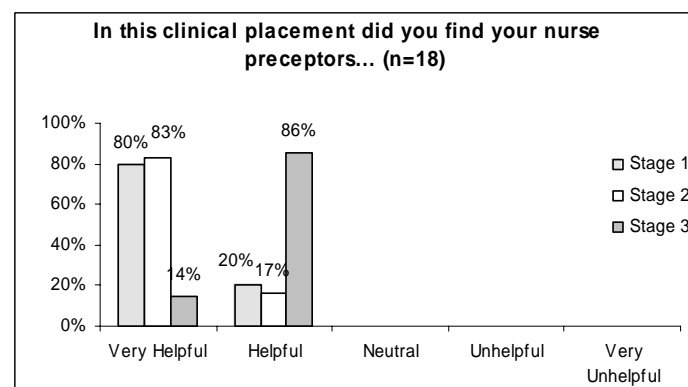


Figure 32: RACF 1 and 2 Friendly Preceptors RACF - Stages 1 - 3

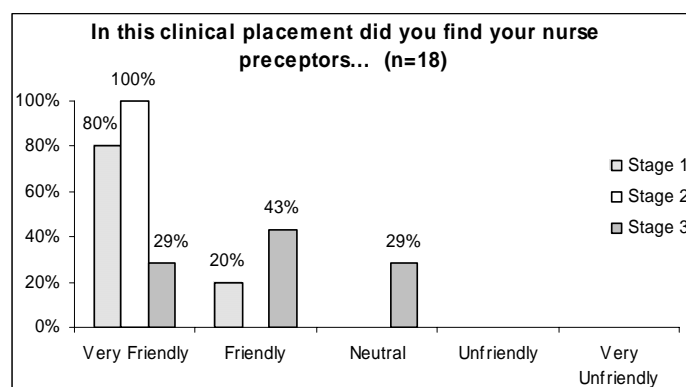
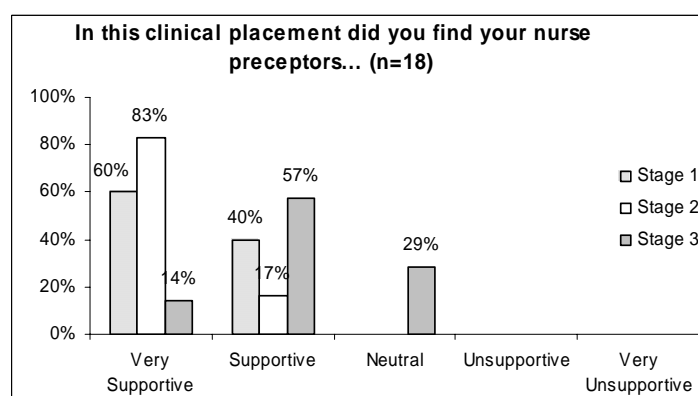


Figure 33: RACF 1 and 2 Supportive Preceptors RACF - Stages 1 - 3



Student vs preceptor preceptors of teaching and learning

Further evidence of the change in RACFs 1 and 2 in Stage 3 of the project emerges from an analysis of the survey undertaken by students at the completion of the practicum. The survey sought information on the student experience of being preceptored and the implications of this. Questions asked are outlined in Table 19, below:

Table 19: Questions asked of students regarding teaching and learning

Q1	The preceptors were effective in welcoming me to the unit
Q2	My preceptors introduced me to fellow staff and patients
Q3	My preceptors facilitated my acceptance on the unit
Q4	My preceptors acknowledged my prior experience when structuring teaching and learning opportunities
Q5	My preceptors assisted me to make decisions about my learning objectives/needs
Q6	My preceptors helped me identify strategies to meet my learning objectives/needs
Q7	My preceptors encouraged me to be an active learner (eg to seek information from the library, negotiate learning opportunities)
Q8	I feel more confident about my nursing practice
Q9	My preceptors actively looked for opportunities to optimise my teaching and learning
Q10	Through working with my preceptor, he/ she gained useful information on the organization of the undergraduate curriculum
Q11	After this practice experience, I feel more confident about my competence in practice
Q12	When asked, my preceptor assessed my skills effectively
Q13	I received constructive feedback from my preceptors
Q14	I feel more positive about working with a preceptor than I did before

Answers were given a scale of 1 – 5 ranging from Strongly Agree (5) to Strongly Disagree (1). The data reveals that in:

- Stage 1 students in RACFs 1 and 2 were more positive about their experience working with their preceptors than the students on placement in the remaining four facilities, as demonstrated in the Figure 34. This data reveals that in nearly all categories students from RACFs 1 and 2 rated their experience as more positive than their counterparts in RACFs 3 – 6;
- Stage 2 the analysis reveals that in the other four facilities there was a significant positive shift in how students rated their experience (see Figure 35 below). Indeed, in Stage 2 students in RACFs 3 - 6 achieved relative equivalence with those on placement in RACF 1 and 2, in terms of how they rated their experience during the practicum; and
- Stage 3 of the project a significant negative change in the students' assessment of their experience in RACFs 1 and 2 occurred. In contrast, the assessment made by students in RACFs 3 - 6 generally maintained the improvements demonstrated in Stage 2 (see Figure 36 below).

Figure 34: Student Survey Response - Stage 1

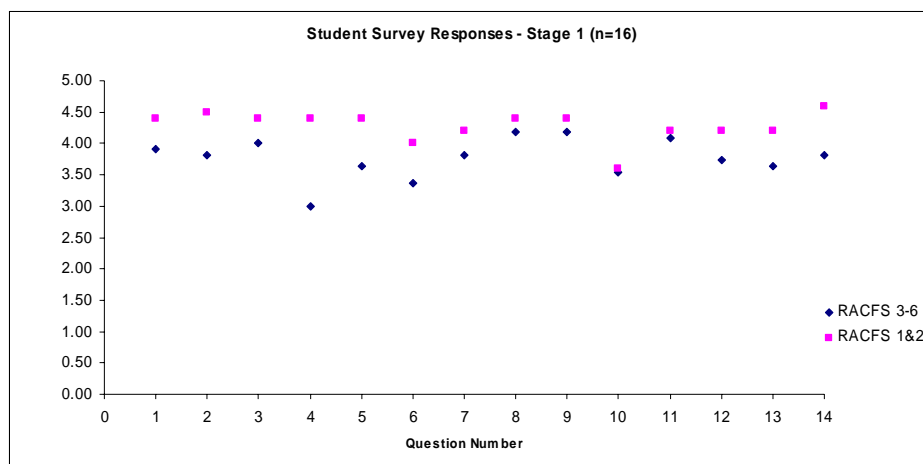


Figure 35: Student Survey Response - Stage 2

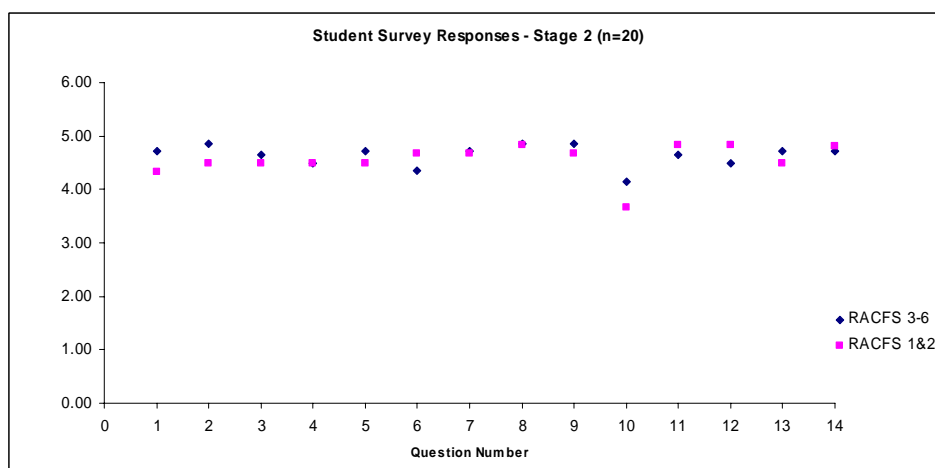
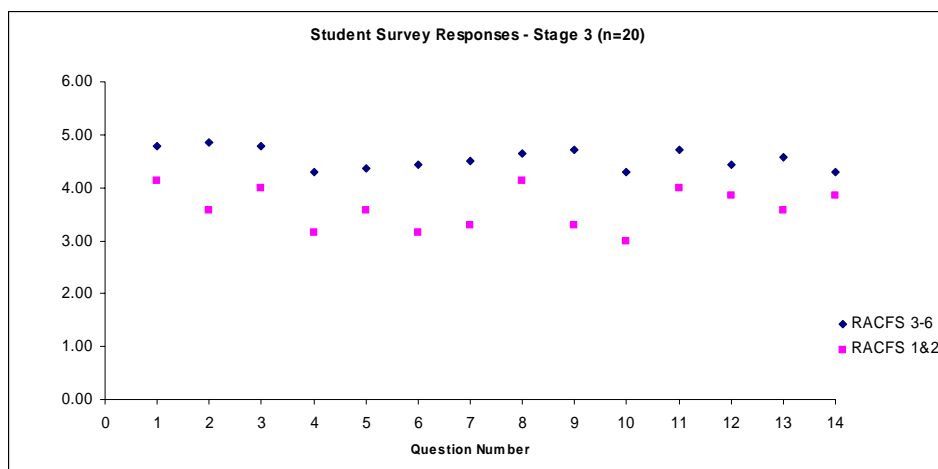
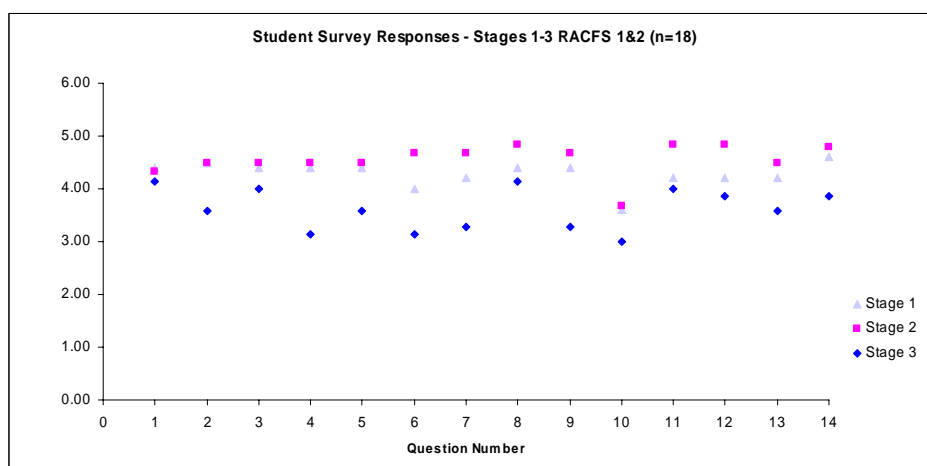


Figure 36: Student Survey Response - Stage 3

Analysis of the student responses to the survey in RACFs 1 and 2 across Stages 1 - 3 of the project, outlined in Figure 37 below, further reveals that in Stage 3 there was an anomalous negative shift in student perception when compared to Stage 1 and 2. Interestingly the greatest negative shift occurred questions 2,³⁴ 4,³⁵ 6,³⁶ 7,³⁷ 9,³⁸ 13³⁹ and 14.⁴⁰ The negative shift in student response in the areas of facilitating student integration in the RACF (Q2), accounting for student's prior experience (Q4), facilitating student learning (Q 5, 6, 7 & 9), giving feedback (Q13) suggest that the preceptors were somewhat disengaged from the students and had a limited focus on their role as preceptors. Not surprisingly, the student attitude to working with preceptors (Q 14) in these facilities was less positive than in Stages 1 and 2. It is arguable that this finding reflects the situation in the two RACFs at the time Stage 3 of the project was conducted, where there was a high use of casual staff, combined with the burden of numerous new resident admissions in RACF 1, and the generally stressed nature of the workforce in RACF 2 (as outlined previously).

Figure 37: Student Survey Responses: Stages 1 - 3 in RACF 1 and 2

³⁴ My preceptors introduced me to fellow staff and patients

³⁵ My preceptors acknowledged my prior experience when structuring teaching and learning opportunities

³⁶ My preceptors helped me identify strategies to meet my learning objectives/needs

³⁷ My preceptors encouraged me to be an active learner (eg to seek information from the library, negotiate learning opportunities)

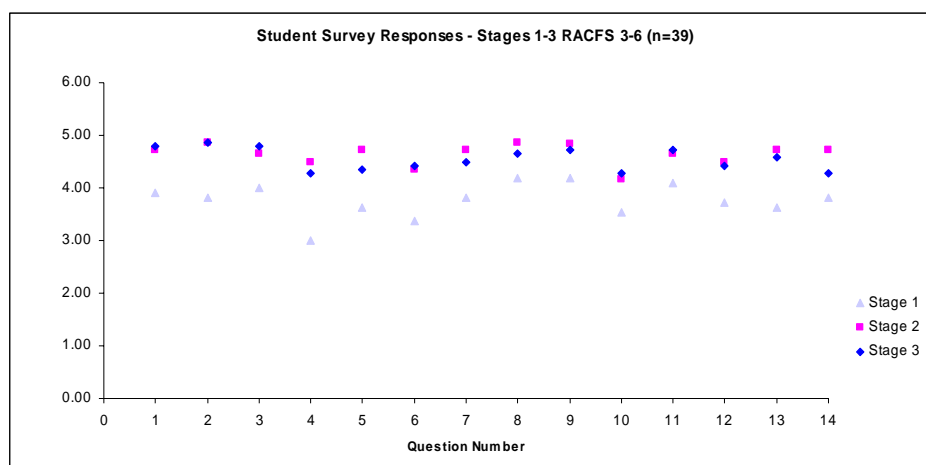
³⁸ My preceptors actively looked for opportunities to optimise my teaching and learning

³⁹ I received constructive feedback from my preceptors

⁴⁰ I feel more positive about working with a preceptor than I did before

This finding stands in contrast to the student responses in RACFs 3 - 6, which highlights that those involved in Stage 1 of the project recorded the least favourable response, while the response of students involved in Stages 2 and 3 correlate closely (see Figure 38 below).

Figure 38: Student Survey Responses: Stages 1 - 3 in RACF 3 - 6



Contrary to the data outlined above, the qualitative data revealed that staff from both RACF 1 and 2 held the view that despite the problems they encountered in Stage 3 of the project the students did not suffer. As one preceptor suggested:

They [the nurses] were great with the students. I don't think there was a problem with the students, they had a really good time here... the preceptorship didn't seem to be a problem and the students seemed to be going along quite well.

Similarly, in the second RACF, staff were also of the view that despite the problems this had not negatively impacted on the students. As OJA suggested:

I don't think so [it had a negative impact] because I'm not the only person there, there is always other people to allocate them to. I think that it also does them good to realize we are busy.

A comparison of the students' perception about the preceptorship process and the assessment of the effectiveness and capacity to facilitate teaching and learning, completed by the preceptors in Stage 3, highlights discrepancies between the preceptors' perceptions of the situation and that of the students. Questions asked of the preceptors are outlined in Table 20, below.:

Table 20: Questions asked of preceptors regarding teaching and learning

Q1	As a preceptor, I feel confident in welcoming students into the unit
Q2	As a preceptor, I am effective in introducing students to fellow staff and patients
Q3	I facilitated the student's acceptance on the unit
Q4	I am able to acknowledge the student's prior experience to more effectively structure teaching and learning opportunities
Q5	I am able to assist the student to make decisions about learning objectives/needs
Q6	I can facilitate the students in finding strategies to meet learning objectives/needs
Q7	I have the ability to encourage students to be active learners (eg to seek information from the library, negotiate learning opportunities)
Q8	I have the ability to support students to develop their competence in practice
Q9	I actively look for opportunities to optimise the teaching and learning of students
Q10	Working with students supported the development of my knowledge of the undergraduate curriculum
Q11	After this experience, I think the students feel more confident in practice
Q12	When asked, I felt confident assessing the students skills
Q13	I am able to provide constructive feedback to the students
Q14	Working with students has made me feel much more positive about being a preceptor than I did before
Q15	Having the opportunity to work as a preceptor made me feel more valued as a Registered Nurse/ Enrolled Nurse

The comparative evaluation of the students' assessment of their experience and the assessment made by their preceptors in RACFs 1 and 2 highlight significant differences. As evident in Figure 39 below the students consistently rated their experience in the two RACFs lower than their preceptors. In Stage 3 of the project this finding stands in contrast to the evaluations completed by students and their preceptors in the four other RACFs. As highlighted in Figure 40 below, there was general congruence between student and preceptor perceptions in these facilities

Figure 39: Student Vs Preceptors Stage 3 — RACFs 1 and 2

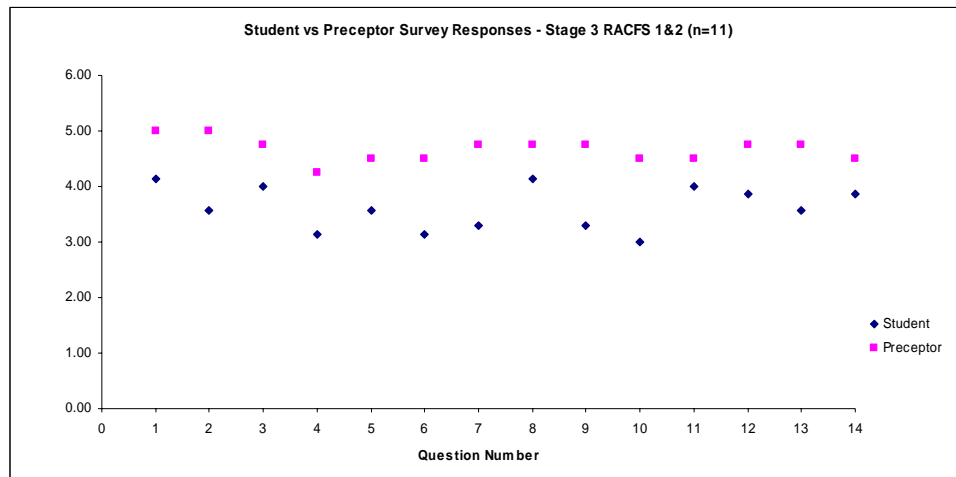
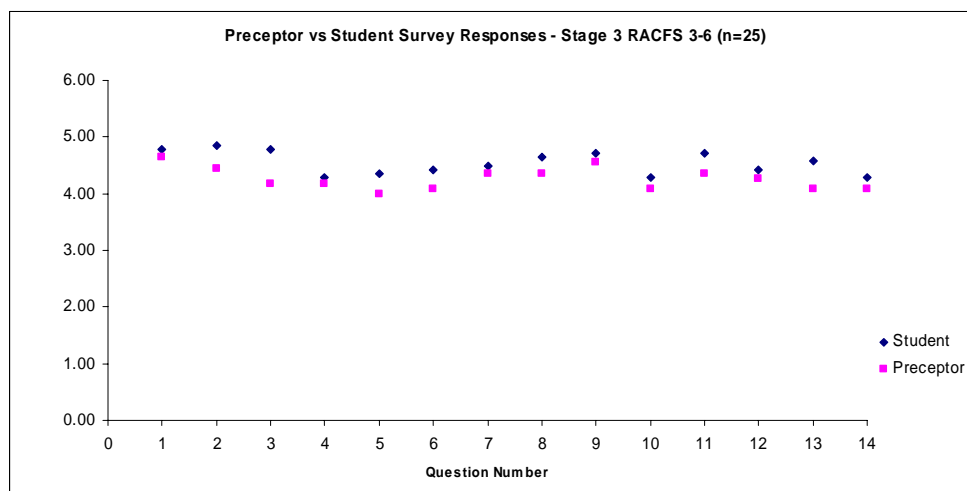


Figure 40: Student Vs Preceptors Stage 3— Other RACFs



This difference in RACFs 1 and 2 in Stage 3 of the project is further highlighted in the preceptor and student evaluations of preceptorship completed in Stages 1 and 2. In these Stages there is high level concurrence between the student and preceptors perceptions of the preceptorship process, as evident in Figure 41 and Figure 42 below.

Figure 41: Student Vs Preceptors Stage 1 — RACF 1 and 2

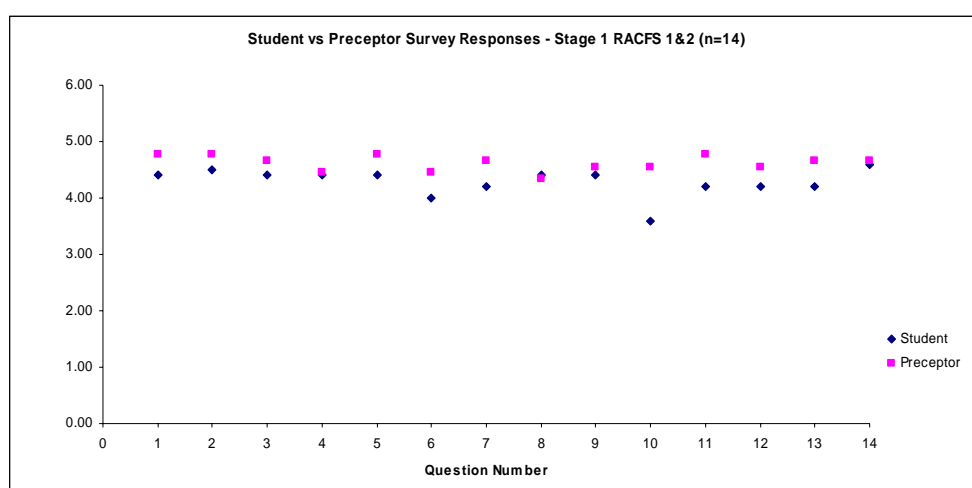
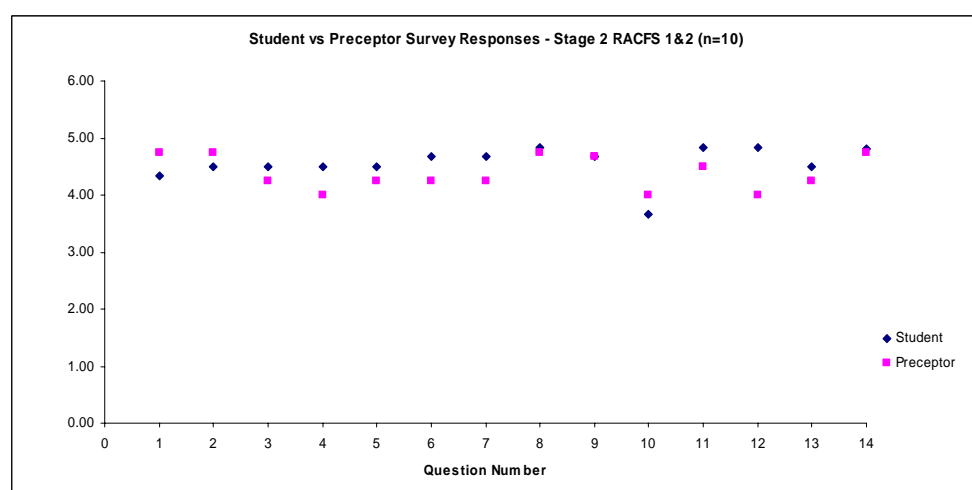


Figure 42: Student Vs Preceptors Stage 2 — RACF 1 and 2



Impact on career intentions

The changes which occurred in RACFs 1 and 2 during Stage 3 of the project also impacted on student career intentions. There appears to be a close relationship between the students' experiences of working with their preceptors and their attitude to working in the sector following graduation.

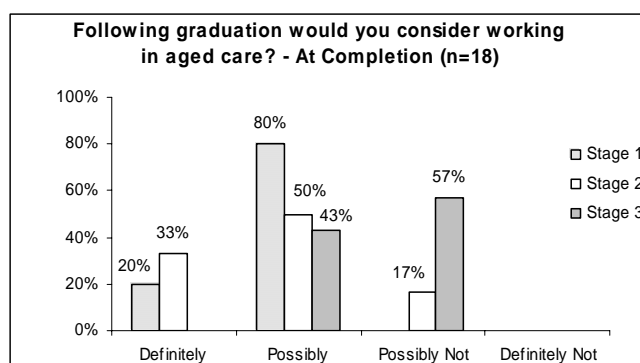
In Stage 1 of the project it is interesting that the assessment of preceptors in these two facilities was significantly more positive than in the other RACFs involved in the project. It is evident in Stage 3 that circumstances were somewhat changed and that this negatively impacted on the students' experience. This is no more evident that in their assessment of career intentions with respect to working in aged care following graduation.

For example, Figure 43 below illustrates that in RACFs 1 and 2

- in Stage 1 100% of students indicated an interest in working in aged care following graduation;
- in Stage 2 over 80% of students indicated an interest in working in aged care following graduation (of note in Stage 2, 33% of students indicated a definite interest); and
- in Stage 3, only 43% of students indicated a possible interest, with notably, none indicating a definite interest in working in aged care following graduation.

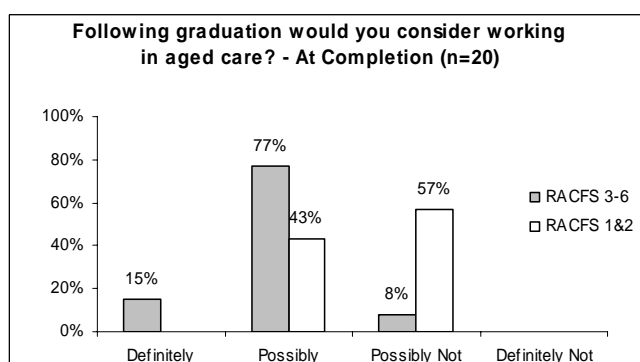
Similarly, in Stage 3, 57% indicated a negative intention regarding working in the sector following graduation, which again represents a significant negative turn around in attitude.

Figure 43: Student career intentions RACFs 1 and 2 — Stages 1-3

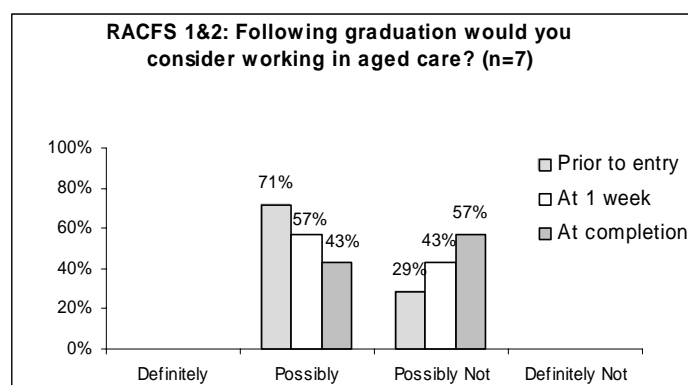


Similar differentials are evident in an examination of the students' career intentions in Stage 3, when compared to those students on placement in the four other facilities. While over 90% of the latter group indicate an interest in working in aged care in the future, it is interesting to note that only just over 40% of students on placement in RACFs 1 and 2 indicated a similar sentiment (see Figure 44).

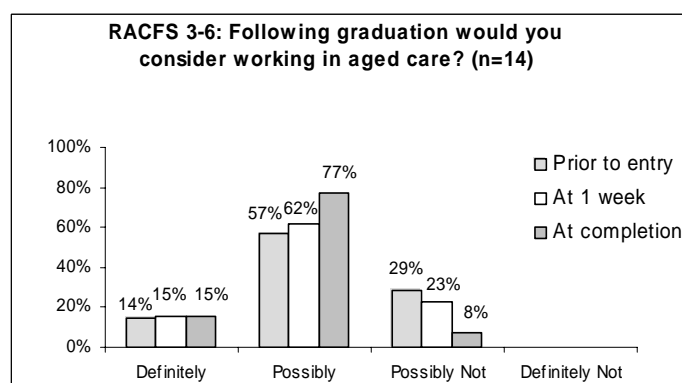
Figure 44: Student career intentions Stage 3 — RACFs 1 and 2 vs others



The less positive nature of the students' experience in RACFs 1 and 2 in Stage 3 and the impact this had on these students' career intentions becomes apparent when they are considered in isolation. It is evident that over the course of the practicum in RACFs 1 and 2, the students' career intentions with respect to working in aged care became more negative. Figure 45 below demonstrates how as the practicum progressed the students interest in working in aged care decreased such that while 71% expressed a possible positive intention on entry, this decreased to 57% at the completion of the practicum

Figure 45: Student career intentions Stage 3 — RACF 1 and 2

These results stand in contrast to the findings from students on placement in the other four RACFs, where the shift in attitude moved toward a more positive intention to working in aged care following graduation. As Figure 46 below indicates, at completion of placement over 90% of students indicated a positive interest in working in the sector with only one student indicating a negative sentiment.

Figure 46: Student career intentions Stage 3 — RACF 3-6

Living on the Edge

The above analysis indicates that in Stage 3 of the project RACFs 1 and 2 struggled to provide a supportive environment for the students. Given the evidence, which suggests that these two facilities excelled in Stages 1 and 2, the magnitude of the change in circumstances in the facilities is significant. These findings highlight that in Stage 3 both facilities had little reserve capacity to support students. For example, in the context of a turnover of key management personnel and the associated accreditation reviews, it was evident that participation in the research meetings in RACF 2 was one stressor to many. In part, this accounts for the very poor meeting attendance rate in Stage 3 of the project. Additionally, it was suggested that many nurses in the facility also attended other meetings on a regular basis, which made participation in the research more difficult. One nurse commented:

... some of our staff didn't come to the [research] meetings this time. They said 'I haven't got the energy to give extra time to come to these meetings as well', because we are doing redevelopments here, so they are on committees for this, that and the other thing. We had problems finding preceptors to begin with and... the problem was actually going to the meetings, it wasn't precepting the students, it was one extra thing that was the straw that would break the camels back.

Staff in RACF 1 made similar comments, emphasising that the nurses were often tired and already have meeting commitments, albeit not significant. As one preceptor suggested *'We have a staff meeting every second month, we find that people are tired and they want to have their days off.'* Combined with the absence of key staff previously involved in the project and the stresses associated with the influx of a significant number of new residents, these circumstances clearly had an impact on the capacity of RACFs 1 and 2 to effectively support students, even though the nurses themselves were largely unaware of this. The above comments suggest that the situation in RACFs can change quickly and in the process compromise their capacity to provide services — in this case to support nursing students on placement.

However, from the research discussions it emerged that all the involved facilities themselves had few extra resources to manage any change in circumstance and that in fact they often existed in a state of semi-crisis. As one nurse suggested *'We live on the emotional, financial edge, staffing edge.'* Similarly another nurse argued:

... we live on the edge every day and I go home every night and its not unusual for me at home of a night to get one, two or three phone calls from the facility and its not unusual for the DON to get phone calls from the facility...

In another region a preceptor suggested that staffing levels of facilities made it difficult to manage the unplanned events that inevitably occur. She stated:

We have the staff to cope for if everything goes according to plan, we don't have the staffing levels to cope with what if someone just dies, who's going to do the pills when you are dealing with the relatives and the doctor and the funeral directors because there's only one registered nurse, or if someone has a fall and it takes half an hour to organise that and get an ambulance and this that or the other, who's going to deal with, there aren't the staff numbers.

The impact this had on the preceptors' ability work with students was also apparent. In Stage 1 of the project the preceptors discussed at some length the added pressures associated with having students. In Stage 3 evaluation meetings preceptors raised concerns about the way that staffing levels impacted on their capacity to effectively support students. For example, in week two of the students' practicum, one preceptor reported:

I am frustrated with myself too because... we have been under a bit of pressure, I've only just managed to get myself freed up today, the first day in the whole time they've been here, because of work pressures, staffing pressures and now I've been sick. So I'm going off tomorrow and not coming back until next Tuesday because I have to but I want to be there. It's a little bit all over the shop...

Nevertheless, it is apparent that while the preceptors in RACFs 3 – 6 also 'live on edge' on a daily basis, during the course of the project they did not 'tip over'. That circumstances conspired to tip the staff in RACFs 1 and 2 over the edge during Stage 3 of the project is regrettable. It does however highlight the vulnerability of aged care providers to changing circumstances and how they routinely function with limited reserves.

Our analysis indicates that despite implementing a very effective program to build the capacity to support students within the facilities, and the associated positive impact that this had on student attitude to working in the sector, the vulnerability of aged care facilities to changing conditions, can easily undermine sustainability. In these circumstances even the best aged care providers are unable to sustain hard won improvement. Indeed, if any of RACFs 3 – 6 had faced a similar situation it is probable they too would have suffered a similar fate.

Moreover, if we liken the role of students to that of canaries who are used to test the safety of a mineshaft, students like canaries provide sensitive gauges as to what is happening within a RACF. When considering the students' responses to the situation they found in RACFs 1 and 2, which was less than conducive to a productive learning experience, the question needs to be asked — What happens to residents in these circumstances? Did the qualitative dimensions of their experience suffer in a similar way to the students? In the context of a highly contingent and changing

environment, if aged care facilities are always ‘living on the edge’, with few reserves, in rapidly changing and unpredictable environment, then the sustainability of the whole residential aged care system can be called into question.

In these circumstances it seems that despite our best efforts, if the situation within facilities is less than optimal, then the possibilities for attracting student nurses to work in the sector following graduation are at best limited. As stated previously, it is a situation recognised in the Pricing Review (Hogan 2004), which notes that unsupportive work environments and stress associated with staff shortages and high workloads contributes to problems with recruitment and retention in the aged care industry.

Summary

Stage 3 of the Building Connections in Aged Care research investigated the sustainability of improvements achieved in Stage 2 of the project. Within this stage a range of important issues were identified as having a significant impact on the capacity of RACFs to effectively support nursing students during clinical practicums – issues which had not been previously revealed within Stages 1 and 2 of the project.

One of the most significant findings of Stage 3 was that RACFs exist within a state of flux and are vulnerable to an environment where circumstances can change rapidly. This was demonstrated within Stage 3 where, over the course of practicum, two RACFs (RACF 1 and 2) struggled to effectively participate within the Stage 3 research. In particular, poor participation/attendance at the research meetings by preceptors meant that only one staff member from these facilities participated in all three stages of the research. This meant that the lessons learnt and improvements achieved in the first two stages of the project had little chance of being sustained.

Analysis of the data revealed a range of reasons for the poor level of participation. Most notably, circumstances within the two facilities had changed. These changes varied between the facilities and centred around: the loss of key staff and an associated increase in the use of casual staff; changes in management personnel and associated accreditation visits; and significantly altered conditions of operation. The changed circumstances within the two facilities resulted in staff reporting high levels of stress, to the extent that their capacity to effectively support students was limited and participation in research meetings was seen as an extra burden.

For these reasons the preceptors within RACFs 1 and 2 demonstrated, at best, limited capacity to have an ongoing involvement in the Stage 3 research. In turn this undermined their ability to support students and effectively engage with them in quality teaching and learning experiences. The findings also indicated that preceptors from RACFs 1 and 2 were somewhat disengaged from their roles and struggled to facilitate the students’ integration into the facilities. As such, the Stage 3 findings, with respect to RACFs 1 and 2, demonstrated that when circumstances in the RACFs change this can negatively impact on students’ experiences in practice and any intentions they may have to pursue a career in aged care following graduation. Essentially, it was apparent that RACFs 1 and 2 had little reserve capacity to support students in the face of changing circumstances. However, this situation is not an isolated one and it became clear, from the comments of other RACFs involved in the project that in general, RACFs function within a state of vulnerability - where essentially they ‘live on the edge’ of an impending crisis.

The impact of ‘falling off the edge’ became immediately apparent when data on the career intentions for students in RACFs 1 and 2 in Stage 3 was disaggregated from the larger data set. The analysis demonstrated that the students’ intention to work in aged care experienced a negative shift over the course of the practicum. This finding stood in stark contrast to the data received from those students on placement in RACFs 3 - 6 during this stage. Indeed, students in the other four facilities recorded a positive impression of their placement and an associated positive shift in sentiment with respect to working in the sector following graduation. The latter finding demonstrates the effectiveness of the approach utilised in the Building Connections in Aged Care

project in achieving a sustainable improvement when circumstances within the facilities are not significantly altered.

These findings have significant implications for aged care providers and the University sector. It is essential that the situation of RACFs be scrutinised by the providers themselves in an honest and realistic manner to evaluate their capacity to support students and staff during any proposed undergraduate student nurse clinical practicum. Furthermore, it is the responsibility of Universities to discuss with RACFs their ability to effectively support students on placement and thereby provide quality clinical placements in aged care. It is imperative that students are not placed in facilities which are experiencing periods of instability, as this can only produce negative consequences for students, the RACF and the aged care industry as a whole.

6. Orientation of Students

Introduction

The issue of orientation processes for student nurses entering the clinical area for undergraduate practicum has received minimal attention in published literature. Furthermore, the presence of such research relevant to an aged care context is equally as scarce. In contrast, the importance of orientation programs for newly graduated nurses has received significantly more attention (Clare & van Loon 2003; Squires 2002; Thomka 2001; Winter-Collins & McDaniel 2000).

It is arguable that parallels can be drawn between the experience of new graduates entering the workplace and nursing students undertaking clinical practicum. Both students and new graduates are thrust into foreign surroundings with unfamiliar staff and routines. According to the literature, both students and new graduates experience varying degrees of 'reality shock', feelings of anxiety, self doubt and apprehension (Clare & van Loon 2003; Elliot 2002; Gerrish 2000; Godinez, Schweiger, Gruver & Ryan 1999; Kramer 1974). Thus both parties experience degrees of transitional stress associated with socialisation into a new environment.

The importance of providing an effective workplace orientation and making graduates feel welcomed, supported and valued members of the nursing team has been found to influence the quality of new graduate transition experiences (Clare & van Loon 2003; Mathews & Nunley 1992; Winter-Collins & McDaniel 2000). Similarly research undertaken by Nolan (1998), who investigated the experience of student nurses on clinical placement, found that student nurses also feeling accepted and part of the team was central to their learning and knowledge development. The need for students to fit into the social environment and feel comfortable is important as this 'develops the student's self confidence, which encourages further participation and skill development' (Nolan 1998: 626). Thus the importance of providing an orientation where students feel welcomed and supported is arguably as important for nursing students as it is for new graduates.

Integral to the establishment of a supportive environment is the attitudes of staff and their awareness of students' learning needs (Myrick 2002; Nolan 1998). Various authors have discussed the importance of the preceptor in assisting students to feel comfortable in the clinical environment and asserted the need for preceptors to be appropriately selected and prepared for their role prior to student arrival (McCarty & Higgins 2003; Speers, Strzyzewski & Ziolkowski 2004; Thomka 2001). Yonge et al. (1997: 69) suggests that preceptors need orientation into their role, where they are provided with an outline of their responsibilities, given comprehensive information about the students, and their learning needs and provided the opportunity to meet the students prior to the commencement of placement.

Others research has identified more formal strategies which facilitate the orientation process of the new graduates into the workplace. Clare & van Loon (2003) identified that in order to promote a smooth transition from student to new graduate, the provision of a formal orientation was necessary. While some recommendations of the research were more specific for new graduates it is useful to draw on some of these findings as also relevant to a student context. For example, the provision of structured information relating to OH&S matters, policies and procedures and a geographical orientation would also be considered appropriate and useful to provide to nursing students on their entry to the clinical area (Clare & van Loon 2003: 29-30). Similarly, in their discussion about the use of nursing homes in Baccalaureate nursing education, Chen et al. (2001) also espouse that an orientation program informing the student about the setting, roles of staff and what to expect in a normal day is essential to ensure a positive learning experience for the student.

Various studies have found that the nature of clinical experiences also play an important role in nursing students desire to work in particular areas (Fagerberg, Winbald & Ekman 2000; Stevens & Crouch 1998). It is arguable therefore, by setting up student experiences with effective and

appropriate orientations to the workplace it is possible to have an impact on their future career intentions. However, the paucity of research which provides more than a cursory overview into the process of orientating students to the clinical environment is an issue for concern. More troubling is the lack of this research relevant to an aged care context. The need for a body of research, which investigates the process of orientation for nursing students is vital if we are to understand the intricacies of introducing nursing students into the clinical area, and in particular an aged care context.

Previous research conducted by the research team⁴¹ highlighted the importance of student nurses receiving a comprehensive orientation to RACFs and feeling welcome and accepted by facility staff. Consequently, despite there being a general absence of literature which specifically addresses this issue, in the Building Connections in Aged Care project orientation was recognised as a critical event in making student nurses feel welcomed and supported within their practicum.

Within the context of this project an understanding of what is meant by orientation was revisited and defined. Throughout the course of the project it was revealed that orientation comprised both a formal and an informal phase. Through use of the Supervision and Placement Activities Log it became evident that the first day of student practicum was when the formal orientation processes occurred where one person coordinated the orientation activities.⁴² However, it also became apparent that the duration of the formal orientation varied across facilities. A more informal phase of orientation then followed on from the formal activities and continued to occur for the remainder for the first week while students were ‘finding their feet’. In this time students continued to meet various people and learn about the workings of their new environment.

Stage 1

Stage 1 of the ‘Building Connections’ project scoped the issues which impacted on undergraduate nursing students’ experiences of placement within the aged care sector. The findings of this Stage highlighted a number of significant issues that impacted on the students’ introduction and orientation into the aged care environment. These include:

- Inadequate transfer information relating to students from the SNM to RACF preceptors;
- Inadequate dissemination of information regarding students to other RACF staff not directly involved in the research meetings; and
- Inappropriate orientation processes utilized by some RACFs.

Within Stage 1 the SNM made contact with participating RACFs and used various strategies to provide information to them regarding students.⁴³ These strategies were aimed at facilitating a smooth transition of students into the facilities and to inform RACF staff of their learning needs.

The findings reveal that despite the SNM efforts to adequately inform RACF staff, the information was poorly transferred from RACF management to the RN/ENs who worked as preceptors with students. Furthermore, in most facilities inefficiencies related to information transfer compromised the knowledge of other staff, who also worked with students during their placement. These staff, in particular the PCAs, had limited knowledge about the students and the expectations of their placement. Consequently, the ability of staff to engage the students in appropriately structured, quality learning activities was at times limited by their paucity of knowledge. The impact of this became evident in the research meetings where students described their experiences. For example, one student group reported receiving little guidance from PCAs, while another student described herself as an *‘extra pair of hands rather than being taught’*. Such experiences served to negatively reinforce students’ impressions of placement within the aged care environment.

⁴¹ Robinson et al. (2002) Making Connections in Aged Care.

⁴² See Section 2 for a discussion of the Supervision and Activities Log

⁴³ Refer Robinson, Cubit, Venter & Fassett (2004). Section 6, pg 41

A number of factors were identified as contributing to the communication issues:

- Poor information transfer from the facility management/DONs to preceptors;
- Difficulties in accessing staff at information sessions held by the SNM at the facilities – one meeting held at each facility; and
- Information provided by the SNM did not achieve desired impact on staff.

Subsequently, four recommendations were devised in the Stage 1 report to address these above issues.⁴⁴

Problems in communication and information transfer became more obvious as Stage 1 findings revealed significant concerns with regards to the orientation strategies that the RACFs utilised. The importance of welcoming students and making them feel supported and accepted was explicitly acknowledged in the Making Connections in Aged Care project (Robinson et al. 2002) and highlighted as being central to influencing student attitudes towards aged care nursing. While preceptors in Stage 1 acknowledged the importance of making students feel welcome and supported, and indeed, were each supplied with copies of the Making Connections in Aged Care report, the lack of strategies that facilitated this was largely due to a poor organisation/planning, underpinned by inefficient communication mechanisms.⁴⁵ Indeed, in some instances students within Stage 1 did not receive an orientation at all. For example, one student described her experiences as *'going straight in the deep end'*. In general students largely felt that many staff were unaware of their arrival, leaving some students feeling despondent about their experience. Student comments included:

- *When we got there they weren't really organised...it was like they hadn't worried to, didn't do anything until we were already here.*
- *On the first day it would have been really nice to have it real structured... instead of having orientation, going to lunch and now just go off and do what ever you want.*

Comments from student meetings revealed that in the absence of a well planned orientation they quickly become disaffected and felt unvalued in the workplace, which in turn negatively impacted on their experience of placement. In contrast, comments made by students in Stage 1, who were placed at the one facility (RACF 1), which provided a positive orientation experience offered an obvious distinction. As one student recounted, *'we felt so special [the preceptor] just showed us absolutely everything...everyone stopped and was really happy to welcome us'*.

The Stage 1 report⁴⁶ provided an overview of the information students received during their orientation. These findings revealed significant issues with orientation processes employed by most RACFs. Important areas were not addressed to facilitate the students' arrival (eg. OH&S information, meal breaks). Other significant issues associated with orientation were revealed during student and preceptor meetings including:

- Student start time of 7am on the day of orientation was found to be inappropriate; and
- Rostering of students with a primary preceptors for the orientation day (prior to student arrival) be considered as essential to facilitate the orientation process.

The findings in Stage 1 revealed that orientation processes employed by facilities were largely ad hoc and inadequate to assist students' arrival. It became evident that a formal orientation was required to facilitate student entry into the unfamiliar environment of aged care and assist them to feel welcome and supported. Thus in the Stage 1 report (Robinson, Cubit, Venter & Fassett 2004), a key recommendation was orientated at developing a coordinated orientation plan for students.⁴⁷

⁴⁴ See *ibid*, Pg 88

⁴⁵ It is important to note that there was some variation across facilities; however generally in all but one facility, orientation processes were poor.

⁴⁶ See *ibid*, Table 9, pg 51.

⁴⁷ See Robinson, Cubit, Venter & Fassett (2004), Building Connection in Aged Care: Stage 1 Report, Pg 89. This recommendation states: 'In consultation with the DON members of the Building Connections in Aged Care research

However, it is important to note that despite the problems encountered with orientation at the completion of their practicum students reported that they felt welcome within the facilities.⁴⁸ What the findings from Stage 1 indicate is that incidents within orientation can negatively effect students attitude to working in aged care.

Following the completion of the first stage of the project and review by the project steering committee, the Stage 1 report was released in February 2004. Copies were distributed to each of the participating RACFs for dissemination among the members of the Building Connections in Aged Care preceptor research groups, in each region of the state. The report succinctly highlighted issues from Stage 1 which the preceptors had the opportunity to reflect upon. The compilation and distribution of the reports was central to the research process and a key methodological device to facilitate the second stage of the research, whereby members of the preceptor research groups in each RACF could critically reflect on the issues raised and consider how they may tackle the issues which were flagged in the first report as crucial to impacting on the students' experiences of placement. The Building Connections in Aged Care investigators subsequently met with preceptors in each RACF to discuss the report and consider how the recommendations might be implemented in each facility.

Stage 2

At the commencement of Stage 2 of the project, initial meetings were held at each participating RACF, prior to student arrival. The intent of these meetings was to create a platform for discussion pertaining to how Stage 1 recommendations could be implemented in preparation for the second cohort of undergraduate students, due to commence a three week placement in May 2004.

Prior to the students' arrival further planning meetings were then held at each facility to further review preparation and orientation strategies which the RACFs preceptor group members had devised. Within this stage of the project, the research team provided consistent support to assist the RACFs to meet the recommendations devised in Stage 1.

The strategies which the RACFs subsequently implemented represented a three phase process, which may be understood as a preparatory model for facilities that provide clinical placement for students.

Three Phase Orientation process

Phase 1 – Supply of Information relating to students

This first phase consisted of action taken by the SNM to improve the information sent to facilities regarding students and thus address Recommendation 11 of the Building Connections in Aged Care

group in each RACF should develop a plan for the orientation of students into the facilities. In consultation with the DON this plan should include the following:

- The development of an orientation checklist and information kit informed by the project evaluation outlined in table 4;
- A member of staff in each RCF being given responsibility for coordinating the orientation of students and the dissemination of information regarding their arrival to staff in the facility;
- A member of the Building Connections in Aged Care research group being allocated as the primary preceptor for each student to facilitate their orientation in collaboration with the orientation coordinator; and
- Students should commence work in the facilities at a time other than 7.00 am and if possible they should be allocated to their primary preceptor on the day of their arrival – rosters should be developed accordingly.

⁴⁸ See *ibid*, figure 18, pg 53

Stage 1 Report (Robinson, Cubit, Venter & Fassett 2004).⁴⁹ In line with this recommendation, revised information packs which were disseminated to preceptors provided:

- An overview of the relevant unit *Supportive Care in Hospital and Community Settings*;
- An overview of the practical experience student had undertaken;
- A copy of the clinical placement handbook and students names; and
- Learning objectives and associated documentation.

Comments from the preceptors meetings indicated that the revised information had a positive impact and contributed to ‘a better understanding’ of what the students required from the staff. One preceptor pointed out:

It gives us guidelines on what they have covered...it's more information than we had last time. That is what we asked for because we previously had no idea.

Another preceptor also highlighted that the information was useful for other staff outside the research group to assist teaching and learning. She noted:

[it]...actually tells them [staff] what... they can do to help the university students... what the university students need from them...

The SNM addressed the Stage 1 Recommendation 12 (Robinson, Cubit, Venter & Fassett 2004),⁵⁰ whereby information days were provided at each of the RACFs to facilitate an improved and informative overview regarding the students, for preceptors and other staff. While there remained some issues with the transfer of information from the DONs to staff in some of the facilities, overall these revised measures to improve staff preparation and readiness yielded positive comments from preceptors.⁵¹ In an initial evaluation conducted at the end of week one, preceptor knowledge of students’ arrival to the RACF was investigated. The empirical data revealed that the interventions implemented by the SNM had a positive impact.⁵²

Phase 2 – Identification of key stakeholders and formation of a preceptor group

The second phase of the preparatory model centred on developing a group of interested preceptors who were enthusiastic to work with students and facilitate their practicum. In addition a ‘link person’ was nominated by each facility to liaise with the DON/SNM to prepare for and coordinate the orientation of students.⁵³ This intervention proved beneficial for carrying out the third phase of the model when the ‘link person’ was central in assisting the dissemination of information from the SNM to RACF staff regarding the students

⁴⁹ Recommendation 11 stated: ‘TSoN teaching staff should consult with members of the Building Connections in Aged Care research groups to revise the documentation sent to aged care providers regarding students on placement, so that it better meets the information needs of staff.’ See Robinson, Cubit, Venter & Fassett (2004) Building Connections in Aged Care: Stage 1 Report, pg 87.

⁵⁰ Recommendation 12 stated: ‘Members of the TSoN should meet with members of the Building Connections in Aged Care research group, and other staff, in each RACF to disseminate information and discuss the student’s previous experience and learning needs. The first of these meeting should be held at least 6-8 weeks prior to the students entering practice, to enable the RACF staff to plan the practicum (see below regarding orientation and rostering).’ See Robinson, Cubit, Venter & Fassett (2004) Building Connections in Aged Care: Stage 1 Report, pg 88.

⁵¹ See Robinson, Cubit, Venter, Jongeling, et al. (2004), pg 44

⁵² See *ibid*, Figure 19, Pg 49

⁵³ This Recommendation stated: ‘In each RCF a member of the Building Connections in Aged Care research group should be nominated/volunteer to act as the ‘link person’ to liaise between the DON/TSoN and members of the other research groups, to ensure ongoing dissemination of information from the TSoN.’ See Robinson, Cubit, Venter & Fassett (2004) Building Connections in Aged Care: Stage 1 Report, pg 88.

Phase 3 – Preparation of staff and development of resources

To facilitate staff preparation prior to student arrival, as outlined above, the Building Connections in Aged Care: Stage 1 Report (Robinson, Cubit, Venter & Fassett 2004) recommended that the 'link person' liaise with the DON and SNM to disseminate information to preceptors and other staff.⁵⁴

In Stage 2 of the project, strategies used to inform all staff about the students imminent arrival in the RACFs included: clinical memos, notices and formal and informal meetings. Findings from Stage 2 indicated that these interventions, aimed at ensuring that all staff within the facilities were educated regarding the students and understood the importance of making them feel welcome, were highly effective. A significant improvement in the students' assessment of feeling welcome on arrival to the RACF was observed when compared to Stage 1 findings.⁵⁵

Furthermore, a Stage 1 recommendation (Robinson, Cubit, Venter & Fassett 2004) which espoused the need for a formal plan of orientation, was also addressed in Stage 2 of the project. In developing a more comprehensive orientation plan, the checklist used to evaluate the orientation of students in Stage 1,⁵⁶ provided a blueprint for its formulation. The checklist provided a guide for RACFs as to what information to include within the orientation process.

In Stage 2 of the project, extensive processes were put in place by facilities to prepare their staff for the arrival of students and to provide an array of information to them when they entered the RACFs.⁵⁷ When comparing the orientation information given to students between Stage 1 and Stage 2, the findings indicate that students in Stage 2 were consistently better informed regarding the information contained in the Orientation Checklist and generally received a more comprehensive orientation.⁵⁸ While there still existed some level of inconsistency in informing students of the RACFs policies and OH&S information, students were consistently introduced to other staff – a central component to facilitate their orientation.

However, developing this plan of orientation was very time consuming, particularly for the larger facilities, as an extensive range of information was made available for the students. However, the significance of providing a well-planned formal orientation was demonstrated through students' positive comments which indicated that they felt welcomed and supported through orientation. Students' comments included:

- *It [Orientation] was good... everyone was really friendly...you were made to feel welcome like you would in your own home.*
- *It was good we got introduced to all other RNs and PCAs.*
- *I was welcomed here, and made to feel more comfortable and able to interact with all staff.*
- *I felt welcomed and relaxed and this helped me learn and feel at home.*

These comments acknowledge the value of RACF staff being organised and welcoming throughout orientation.

⁵⁴ See Recommendations 13 (above) and 14 which stated: In consultation with the DON, the members of the Building Connections in Aged Care research group in each RCF will hold meetings with other staff who will work with students on placement in the facility. At these meetings they should discuss the students': previous experience; learning needs; and strategies to facilitate teaching and learning. See Robinson, Cubit, Venter & Fassett (2004) Building Connections in Aged Care: Stage 1 Report, pg 88.

⁵⁵ See Robinson, Cubit, Venter, Jongeling, et al. (2004), Figure 18, Pg 49.

⁵⁶ See *ibid*, Table 9, pg 51

⁵⁷ See *ibid*, Pg 45

⁵⁸ See *ibid*, Table 12, pg 48

The impact of a thorough orientation, which enabled students to feel welcome and supported through the formal and informal phases, was further illustrated through the data which showed a positive shift in student attitude towards working in aged care after the first week of placement. In this Stage at the end of week one, following orientation to the facilities, **80%** of students indicated a ‘Possible/Definite’ interest in working in aged care following graduation, an increase from 55% on commencement.⁵⁹

The time and effort, spent by the preceptors to prepare their staff and provide a thorough orientation for students in Stage 2, indicates that the preceptors seriously considered the Stage 1 recommendations to improve the experience of placement for the second cohort of students. The improvements evident in Stage 2 findings illustrate that the presence of a well-planned and thorough orientation, where all staff are aware of the imminent student arrival, is central to the establishment of quality clinical placements for undergraduate students in aged care. Thus, from scoping the issues which impacted on student experiences of orientation in Stage 1 and implementing interventions in Stage 2 of the project, the three phase preparatory model for RACFs emerged. This model became the focus of Stage 3 of the project.

Stage 3

Stage 3 of the Building Connections in Aged Care project aimed to test the sustainability of improvements achieved in Stage 2. Thus, the efficacy of the three phase preparatory model was again tested with the third cohort of second year nursing students. While Stage 3 essentially replicated Stage 2, one significant difference existed – there was no intervention or support provided to the respective preceptor groups in each RACF, prior to the commencement of this Stage. Thus there were no pre-planning meetings held with the participating RACFs by the Building Connections in Aged Care research team members to discuss or plan the orientation they would provide to students. While the same information packages from the SNM were provided to the RACFs as in Stage 2, any further organisation and orientation planning remained the primary responsibility individual facilities. This lack of intervention was a deliberate strategy instituted on behalf of the research team and was implemented as the premise to test the sustainability of the preparatory model developed in Stage 2.

Phase 1 – Supply of information relating to students

Similar to Stage 2, one month prior to the students arrival the SNM staff provided the RACFs with information regarding the students to enable the facilities to adequately plan orientation and prepare their staff. Facilities were provided with an education pack containing information on the students’ past experiences and expectations of the practicum, as outlined in Stage 2. This was met with a positive response from preceptors. As explained ‘...we knew who we were getting..., we’d had a chance to look through all the information.’ Preceptors also commented that they found the adequacy of the information provided by the SNM to be ‘good, much better organised this time’, and reflected on the usefulness of the preparation prior to student arrival by considering their experiences from previous years. As one preceptor suggested, ‘I think that a few years ago it was a bit harder cause we didn’t have any preparation for them, they just arrived.’

Having now experience it the preceptors agreed that it was *harder* to orientate and work with students in the absence of such preparation. In line with earlier recommendations the SNM provided a liaison contact person within the School, whom preceptors could call if they had any concerns. This intervention was aimed at ensuring the preceptors felt supported for the student transition and was met with a positive response. As one nurse reported:

⁵⁹ See *ibid*, Figure 21, Pg 52.

Yes...it was good to get [the contact] from the Uni, ... So I had a person to ring, a link, I needed to use that which was great. In the past we haven't had that person... it's good to have that link with the uni in case you need to change something.

There still remained some problems with information transfer from the DONs to staff however these issues were not as significant as in Stage 1. Thus the intervention of providing a contact person between the SNM and members of the Building Connection in Aged Care research group was effective in facilitating information transfer. This became more evident when staff preparation was considered.

Phase 2 – Identification of key stakeholders and formation of a preceptor group

Within Stage 3 the preceptor groups remained essentially the same as Stage 2, with the exception of RACFs 1 and 2.⁶⁰ As in Stage 2, one preceptor was nominated as the 'link person' to plan and coordinate the orientation. Within each RACF this person was usually the nurse manager or education co-ordinator. Apart from one facility, these were the same nurses who participated in Stage 2 of the research and again they took on this central role in Stage 3.

Phase 3 – Preparation of staff and development of resources

Facilities utilized a similar range of techniques as those used in Stage 2 of the project to inform preceptors and other staff that students would be undertaking their placement within the facilities, as well as the expectations associated with having the students. Following their experiences in Stages 1 and 2 of the project, it became obvious that in Stage 3 preceptors were more aware of how a deficit in staff knowledge regarding the students, negatively impacted on their experiences of placement. These sentiments were echoed by one of the preceptors when she said, *You have a lead up and you make sure all the staff involved know what's happening.* This preceptor went on to discuss how *'the [student's] day is blown'* if the staff are not aware of their presence.

The Stage 3 findings indicate that the techniques, which were employed to transfer the information from the DON and SNM to the preceptors, such as the provision of a 'link person', memos and meetings, were successful and sustainable in the context of the project. Indeed, student comments relating to the knowledge of staff, not directly involved in the project, indicated the effectiveness of the strategies used by the preceptors to inform the staff of their arrival. Typical comments included

...A lot of the people here came up and said 'Hi, I'm whoever, are you one of the students?'

I felt that they [staff] all knew what was going on...

I was really impressed with how organised they were when I got there. Someone was there to meet us and we all went in and she spent a lot of time going through everything...

... they [staff] all knew we were coming and were expecting us which was really nice and made it a lot less nerve-racking.

The carers knew we were coming. They know what to do with us. They give us jobs that we can do.

⁶⁰ See Section 5 'Living on the Edge' for a discussion of this issue. The participation of preceptors in this Stage is documented in Table 6 Section 3, pg 43

It is also important to note that students who were at placement in one of the facilities, which had experienced instability prior to their arrival,⁶¹ held somewhat contrasting views regarding staff knowledge. For example two students commented:

They don't really [know what we can do]...I think that they expect us to know the things that they do everyday and all the time. They are all really nice and stuff, I just don't think they know what to expect from us as students.

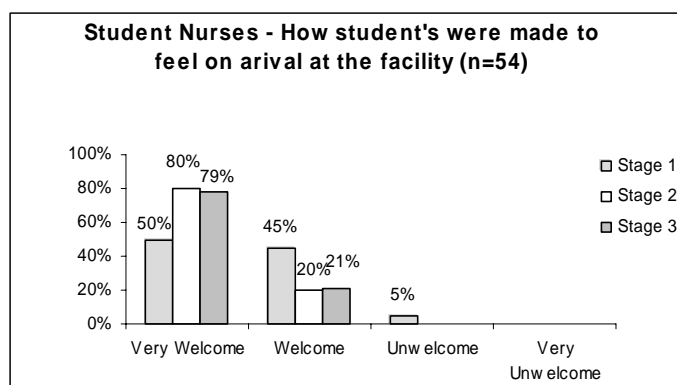
...I went to orientation and everyone was friendly... [but] I think that they don't know what we are supposed to be doing, and they should probably just ask us what we are supposed to be doing.

Such comments demonstrate how instability within a facility can impact on staff preparation and the orientation experience of students with negative consequences.

The Value of Preparation

The impact of appropriate preceptor and staff preparation in Stage 3 can be reflected in the extent to which students felt welcomed on their arrival to the facility. Overall student comments were positive, which indicated that the preparatory work undertaken by facilities was highly effective in making students feel comfortable and welcome. At the conclusion of their first week of placement students were asked how welcome they were made to feel on arrival to the facilities. As highlighted in Figure 47 below, the results indicated a similar trend to stage 2 and a significant improvement from Stage 1.

Figure 47: How students were made to feel on arrival



Student comments, regarding how comfortable and welcome they felt on arrival to the facility, were documented on the initial nurse evaluations and these included:

- *The staff would go out of their way to help us. Made you feel at ease and as comfortable as possible*
- *The orientation was good...and made us feel very welcome.*
- *[I felt] very welcome and comfortable about doing prac there*
- *I was very nervous and it was a relief to be welcomed so well*
- *I arrived to a bunch of smiling faces, each person introduced themselves, and no-one seemed to forget my name.*

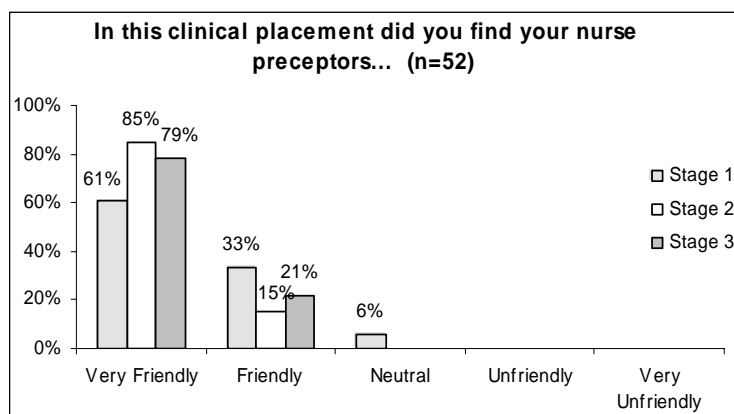
The extent to which students feel welcome on arrival to the facilities essentially 'sets up' their experience for the following weeks of placement. A comment made by one student highlights the essence of setting up good quality initial experience to ensure that students feel comfortable and welcome.

⁶¹ See Section 5 of this report. 'Living on the Edge', for a discussion of this issue.

They really planned for our arrival this time. It's very important first impressions are everything. You feel more comfortable to be able to go and talk to the residents or ask for help. If you had an unwelcoming first day you would feel as though you were not part of it.

At the completion of their placement students were asked to assess how friendly they perceived their preceptors to be. The results shown in Figure 48 below, also resonates with the above student comments and demonstrates that staffs' efforts to ensure students felt comfortable were sustained throughout the three weeks. The results continue to show significant improvement from stage 1.⁶²

Figure 48: Students' perceptions of their preceptors (level of friendliness)



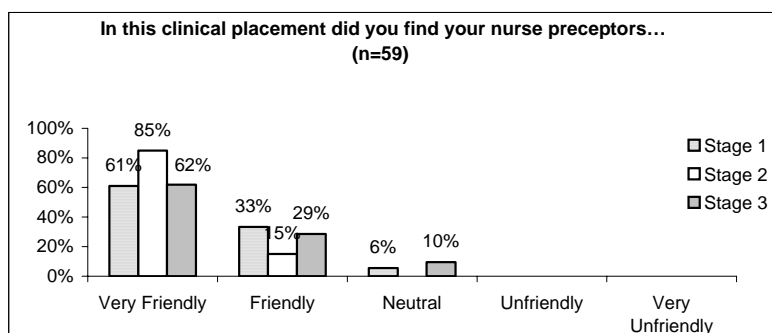
Thus across three stages of the project, the research highlighted that by investing in RACF staff, a positive shift in how students perceived their preceptors and how welcome they were made to feel within the workplace was achieved. This was further demonstrated through student comments when they reflected on how their experience had been more positive than they had initially expected. For example one student stated:

... it's heaps better than I thought it would be. Its good, my preceptor is really good. They made me feel really welcome. If I didn't feel welcome I wouldn't feel comfortable.

Implementing orientation strategies

In general, orientations provided by the RACFs within Stage 3 of the project were organized and coordinated to facilitate the students' arrival. Preceptor comments indicated that it was beneficial

⁶² Figure 48 excludes the results from RACF 1 and 2 which experienced significant problems in Stage 3. As outlined previously, these are documented in section 5, 'Living on the Edge'. The result including RACF 1 and 2 are addressed in the figure below.



having a pre-existing model for orientation (developed in Stage 2), which they could implement a second time. One preceptor pointed out how *'this time around has been much more relaxed'*, while another agreed saying, *'...we are used to doing it so now it happens fluently because we know what they want. We are more relaxed so consequently they are'*.

Interventions in relation to rosters and student start times which were implemented in Stage 2 were again implemented in Stage 3, with positive results. Preceptors gave the students their rosters on the day of orientation. One preceptor pointed out that *'they [preceptors] had on the roster who I was going to be assigned to for the day'*. Similar to comments made in Stage 2, students in Stage 3 also appreciated being allocated to staff prior to their arrival. This demonstrated to them that their position within the workplace was valued.

Student starting time on the day of commencement was also considered as one preceptor pointed out:

... on that first day it was great, because we knew it would be 11.00am [when the students would arrive] so we could organise our morning around that and have the time then to spend [with them], it gave us time to organise ourselves to be able to have the time to spend with them...

Overall, students provided comments which indicated that orientation had been a positive and informative experience. As one student noted... *'they really went out of their way to give us a good tour of the building and a run down of the different work that goes on.'*

Like in Stage 2, in Stage 3 the student comments highlighted the usefulness of the information resources prepared by the RACF staff to facilitate their orientation. As one student reported:

We got a package and it had all the residents names and their medical history and I found that really helpful because even though we didn't go around to every single person's room that day, come the next day when we went to someone's room I understood if they were blind to say hello and let them know I was there, whereas if I hadn't had that, I would have had no idea. We got a big tour of the place that was helpful.

Furthermore, this student went onto argue that being oriented to the way in which activities in the facility were organised, had been extremely beneficial. She noted

The facility has got care plans and manual handling[information] in the bathroom. So for someone like me who has never worked here, when you go in [to the bathroom]and you are thinking, 'does this resident have a shower today?' You can go and have a look and know when their hair is washed ... instead of running around trying to find someone to find out the information.

Indeed, the results in Table 21 below demonstrate that the improvement achieved in Stage 2, with a few exceptions, was generally sustained in Stage 3. As such it is evident that overall the students received comprehensive orientations in these stages of the project, much improved from Stage 1.⁶³

⁶³ The results contained within the 5th column of the above table exclude RACFs 1 and 2 since these two facilities experienced difficulties in Stage 3 of the project. The data demonstrates that these facilities struggled to provide an adequate orientation for students. In some crucial areas such as introduction to staff members, orientation to routines, information regarding meal breaks, what to do when the phone rings and what to do if the student was feeling anxious; RACFs 1 and 2 performed worse than in Stage 1. Thus instability within facilities, addressed in Section 5 (Living on the Edge) can have a significant impact on student orientation and consequences for the remainder of the students' practicum

Table 21: Orientation Checklist Stages 1 - 3

Question	Stage 1	Stage 2	Stage 3	Stage 3 (ex RACF 1 and 2)
Did one person coordinate your orientation?	85%	80%	90%	93%
Were you introduced to the director of nursing?	80%	100%	79%	83%
Were you introduced to other RNs?	90%	100%	86%	86%
Were you introduced to ENs?	75%	100%	90%	93%
Were you introduced to PCAs?	79%	95%	81%	79%
Were you introduced to domestic & catering staff?	50%	95%	50%	62%
Shown where to put your bag?	75%	95%	100%	100%
Shown where the toilets are?	75%	100%	90%	93%
Shown the tea room?	85%	100%	100%	100%
Told how the shift would be organised – routines?	60%	85%	70%	92%
Told when and where you will have meal breaks?	45%	75%	68%	83%
Told what to do in the event of fire or emergency?	65%	100%	76%	71%
Shown where the fire exits are?	40%	85%	57%	57%
Told what to do when the phone rings?	20%	60%	5%	7%
Told what the smoking policy is?	40%	65%	57%	64%
Told where you can access computing?	65%	100%	76%	71%
Told what books/resources are available and where?	30%	100%	81%	93%
Told what times the shifts finish?	85%	100%	100%	100%
Told what times the shifts start?	90%	100%	100%	100%
Told what to do if you are running late or can't work that shift?	30%	95%	90%	86%
Told what to do if I feel sick on a shift & need to go home?	20%	75%	62%	64%
Told what to do if you need to go home early?	25%	70%	71%	71%
Told what to do if you are feeling anxious or upset?	45%	95%	71%	86%
Told who to contact if you hurt yourself?	10%	70%	43%	36%
Told where you can access a telephone to make a call?	40%	80%	67%	50%
Given an orientation to the unit/area (walk around)?	75%	100%	90%	93%
Given an overview of manual handling and lifting policy?	50%	100%	57%	50%

Within Stage 3 the results indicate that 93% of the respondents identified that one person was responsible for their orientation. This was consistent with RACFs efforts to meet recommendations from Stage 1 and implement a more coordinated approach to this activity. The results contained within the fifth column of Table 21 above (excluding the results from facilities 1 and 2) demonstrate a significant improvement from stage 1. However when compared to Stage 2, the results were not as positive.⁶⁴ This trend is generally consistent across the other questions presented in Table 21 above. Thus the third stage of the research indicated that the pre-preparatory model was reasonably sustainable, in that it showed consistent improvement from Stage 1 across most areas covered. However, it would be interesting to evaluate the extent to which this improvement is sustained over a longer time frame.

⁶⁴ Notable exceptions include 'introductions to catering staff', 'shown fire exits' 'told what to do when the phone rings', 'what to do if you hurt yourself' and importantly, 'manual handling and lifting policy.' Some areas of orientation which were poorly addressed in Stage 3, such 'what to do when the phone rings' and information regarding manual handling and lifting policies, were also areas which received limited attention in Stage 1 and raise issues for further investigation – particularly in relation to OH&S considerations

The value of a thorough orientation

The extent to which orientation can impact on students' attitudes and set up a lasting impression for placement, was highlighted through a student's comments. In Stage 3, one student recalled her experience in an aged care facility in the first year of the Bachelor of Nursing course and recounted how her negative perceptions had been transformed as a result of the orientation she received.

With my five day placement last year I just loathed it. I didn't have any contact with the RN and I had one contact and that was to go and watch a dressing and that was it for the five days. Then I was put with the carers which they just said, 'go do this, go do this, go do this'. I had no support doing things I wasn't sure about, they chucked me with residents that were known to be difficult and it was just horrid. I was not looking forward to coming here at all because I thought, well it's going to be the same...,but on the first ten minutes of the orientation I thought, 'wow this is going to be great

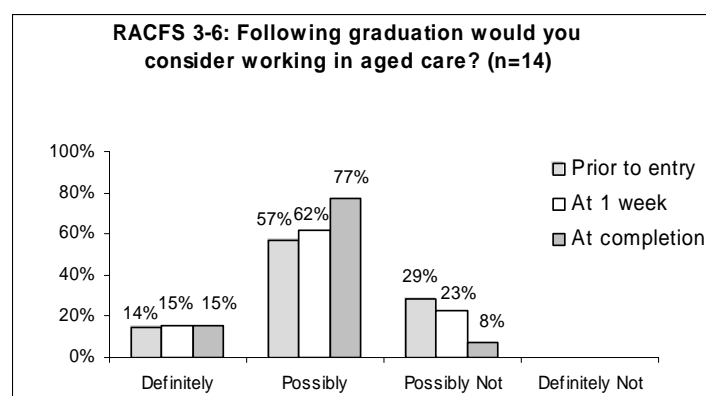
Furthermore, a preceptors' comment further highlighted how a good orientation could positively influence students' opinion of aged care. She recounted:

I asked [the student] how do you find us, questions, constructive criticism and she said 'Oh it's a lot better than I thought it was going to be because the last time I didn't want to go back to aged care.' I thought that was positive on it's own.

Therefore it could be concluded a thorough and well planned orientation which makes the students feel comfortable, supported and valued can influence how the student will approach their placement time and ultimately their attitude towards returning to the industry when they pursue their career.

As outlined previously, in Stage 2 of the project the positive shift in student attitude to working in aged care following orientation to the facilities (at the end of the first week in practice) was significant (55% to 80%). In Stage 3 the results were less remarkable, primarily because this group of students had a more favourable disposition to working in aged care on entry, with around 70% of students indicating a 'Definite/Possible' interest in working in the sector (see Figure 49).⁶⁵

Figure 49: Career intentions



The comment made by one student.... *first impressions are everything*...could be no more true than in the case of orientation. It is arguably a crucial event in students' practicum and if not managed appropriately, the impact on students' attitudes towards working in aged care are significant; as are the implications for the future of the aged care workforce.

Stage 3 of the research demonstrated that the three phase preparatory model established in Stage 2 of the research was sustainable and as such should be considered as a fundamental element in

⁶⁵ This Figure excludes the results from RACFs 1 and 2 for reasons discussed in Section 5, 'Living on the Edge'.

developing quality clinical placements within residential aged care settings. One preceptor reflected on the processes which had occurred over the three stages of the research – from the issues surrounding orientation being identified, recommendations devised, interventions being implemented and outcomes achieved – and she was able to articulate impact of the research on her staff:

Reflecting back from what we do now there has just been an enormous change and you feel...there were no structures in place...it was just put [the student] with this person and so on and so forth, so we have grown.

Summary

When given the opportunity, the participating RACFs were able to recognise processes which were counter-productive to establishing effective orientation of students (through the data provided in Stage 1). Furthermore, Stages 2 and 3 have shown that when given the appropriate context and support the RACFs were able to take proactive steps to initiate mechanisms and implement processes to develop new structures which would support students and create a positive environment for quality teaching and learning. The Australian demographics profile, the increasing acuity of the elderly's health problems and the issues of recruitment and retention in the aged care sector present challenges for clinicians in introducing students to the aged care environment. Research such as this, which can inform clinicians on strategies to achieve quality clinical placements, is crucial if students are to consider pursuing a career as graduates in the sector.

7. Continuity between students and their preceptors

Introduction

Aged care exists within a climate characterised by increasing demands, limited resources and significant workforce issues, high staff turnover, low morale and movement towards a casual/part-time workforce (Cheek et al. 2002:19). Statistics from the Australian Institute of Health and Welfare indicate that since 1997 the number of RNs employed in the aged care sector has been decreasing, with at least 60% being employed on a part time basis (AIWH 2003). Similarly, the National Institute of Labour Studies report (Richardson & Martin 2004) presents a picture of the current state of aged care which reveals that the workforce is comprised largely of part-time and casual staff. In fact two-thirds of workers were found to be employed on a permanent part-time basis, while 20% were casual employees.

These trends not only have significant economic and care implications but also pose problems for the placement of students in an aged care environment. When students undertake clinical placement in aged care their ability to work with a preceptor over time – where a high level of ongoing contact can be maintained - is ultimately affected by the part-time and casual status of many nurses employed in the sector. This is important for as Letizia and Jennrich (1998: 212) report, in clinical placements where students and preceptors work together in a 'one-to-one relationship', effective teaching and learning is fostered, skill development and independence promoted and student confidence and competence developed. Similarly, other studies report that that a high level of contact between the student and preceptor is essential for a successful and meaningful relationship to be established, based on a positive rapport (Cahill 1996; Watson 1999), while Robinson et al. (2002) found that when students and preceptors develop a good rapport, teaching and learning opportunities were enhanced.

Unfortunately, in reality an expectation that students have a relationship of continued contact, or continuity, with their preceptors has not necessarily been achieved. Issues inherent to the aged care workforce, such as a lack of time, lack of staff, ineffective planning, lack of managerial support and incongruence between student and preceptor rosters have been cited as barriers to enabling preceptors and students to work together (Cahill 1996; Watson 1999). A number of researchers report that when there is poor continuity between the student and preceptor, the preceptorship process was found to be less effective and students were more likely to be frustrated and dissatisfied with their placement experience (Andrews & Wallis 1999; Cahill 1996; Wilson-Barnet et al. 1995).

A central aim of preceptorship is the development of student competence (Letizia & Jennrich 1998; McCarty & Higgins 2003; Robinson et al. 1999). While debate continues to surround the efficacy of preceptorship as a mechanism of assisting students to become more competent in practice (Letizia & Jennrich 1998; Mamchur & Myrick 2003; Myrick 2002; Yonge et al. 1997) numerous authors discuss the benefits of preceptors structuring teaching and learning specific to the individual students' needs and the preceptor's role in evaluating student performance (Myrick & Barrett 1994; Ohrling & Hallberg 2001). According to Robinson et al. (2002), continuity between students and preceptors fostered a more negotiative learning process, where the ability of the preceptor to structure activities was enhanced. Therefore, without sustained contact between the preceptor and the student, it could be argued that opportunities to structure learning activities and evaluate the student's progress become limited.

In conjunction with maintaining a high level of continuity with preceptors, a number of authors have also advocated that students require continuity with a clinical area to maximise their learning opportunities (Nolan 1998; Ohrling & Hallberg 2000). Rideout (1994) and Robinson et al. (2002)

also support this claim and argue that rotating students through a variety of locations which are unfamiliar can impair their ability to develop new skills. In contrast, they report working in the same location over consecutive shifts facilitates student confidence, integration into the nursing team and knowledge of the clients. Moreover, if preceptors can maintain continuity in their relationship with students, and concurrently students are able to remain in the one familiar location, this has been found to assist preceptors in the process of facilitating opportunities for students to care for the same patients over time. Earlier research undertaken by Robinson et al. (1999) highlighted the importance of continuity between students and preceptors with regard to the provision of patient care. It was also found to be an important mechanism for students to build time management skills and confidence.

The importance of ensuring that clinical practicums in aged care contexts are organised to facilitate a reasonable degree of continuity was recognised by the Building Connections in Aged Care researchers. Thus Stage 1 of the Building Connections in Aged Care project, scoped the issues which impacted on teaching and learning to obtain a 'baseline' understanding of the situation when students undertook a clinical placement within RACFs. The importance of maintaining continuity between preceptors and students was highlighted in the findings of the Building Connections in Aged Care Stage 1 report (Robinson, Cubit, Venter & Fassett 2004), as an essential component to establishing quality clinical placements within aged care. Indeed, consistent with the Making Connections in Aged Care project (Robinson et al. 2003), the Stage 1 findings of this project demonstrated that maintaining continuity in the relationship between preceptors and students had significant benefits.

Most importantly continuity contributed to:

- The development and maintenance of a rapport between student and preceptor;
- Enhanced ability of preceptors to structure activities to promote students' learning;
- Growth of student confidence and facilitation toward achievement of competence; and;
- Enhanced ability of preceptors to assess students' growing competence.

Nevertheless, in Stage 1 of the project there existed significant problems with achieving reasonable levels of continuity. Therefore, Stage 2 of the research focused on interventions which would improve levels of continuity between students and their preceptors, while also ensuring that students spent the majority of their placement time within the same area.

The Stage 2 findings highlighted similar significant benefits associated with improved continuity between students and their preceptors. However, the need to further qualify an understanding of continuity became evident within Stage 2. The data evaluation process used within this stage did not allow the extent of continuity between student and preceptor to be quantified. Thus, Stage 3 of the research aimed at developing a benchmark for the level of continuity required to effectively engage students and preceptors in quality learning processes. Furthermore, Stage 3 also tested the capacity of the participating RACFs to provide continuity and achieve similar positive outcomes (as Stage 1 and 2) in the context of limited support from the SNM.

Stage 1

Continuity and the effect of an itinerant workforce.

Within Stage 1, rostering of students with preceptors occurred prior to student arrival at facilities and in general students were allocated to a number of different preceptors. Reasons for this were essentially two-fold. Firstly, due to the part-time nature of the aged care work force⁶⁶ the opportunity to maintain continuity between the preceptor and preceptee was limited because most preceptors were not available to work with students throughout an entire week. Secondly, some

⁶⁶ See Robinson, Cubit, Venter, Jongeling, et al. (2004), Table 5, Pg 29.

preceptor groups argued that it was important for students to spend time with different members of the multidisciplinary team to understand the '*holistic approach*' to aged care nursing. Within the first week of student practicum, some preceptors recognised the problematic nature of their part-time status in limiting the extent of continuity with their students. One preceptor stated: '*it is certainly a draw back that we are all part-time. We can't have that continuity with them.*' While working with different staff meant that the capacity of preceptors to work with students over time was reduced, incidents from facilities where there appeared to be reasonable continuity between the two, enabled preceptors to recognise that students appreciated working with someone who was familiar to them. Indeed preceptors recounted that '*students were happy to be with the same person that they knew.*' In an attempt to address the difficulties associated with students entering an environment where part-time workers are dominant, the issue was addressed as part of Recommendation 16 in the Stage 1 report (Robinson, Cubit, Venter & Fassett 2004).⁶⁷.

It was hoped the provision of a secondary preceptor would improve the level of continuity experienced by the student, in circumstances where the primary preceptor was not available. It was acknowledged within the Stage 1 report that in order for this to occur, it would require forward planning by the RACFs, in the initial preparation phases prior to student orientation.

Continuity of preceptors – Benefits

The Making Connections in Aged Care report (Robinson et al. 2003), illustrated that the ability of students to build a rapport with their preceptor, and visa-versa, was central to facilitating teaching and learning. In Stage 1 of the Building Connections in Aged Care project one student commented that continuity with her preceptor '*...has a lot to do with building a rapport...I know that there is probably nothing I could not ask or say to my preceptor...we are very comfortable around each other*'. Furthermore, in Stage 1 of the project it became apparent that when students had the opportunity to work with their preceptor over time, the preceptors gained insight into the student's progress, which in turn facilitated their capacity to make assessments about the students' developing competence. As one student recalled, '*she [preceptor] knows what I'm capable of...*' while another student stated: '*...I felt that they had more confidence in me and I felt more confident. I was able to do things on my own...I felt like I wasn't just a student*'

The ability of preceptors to assess students' progress and allow them to develop an increasingly independent approach to practice, by virtue of working with them over time, contributed to students' feelings of confidence in the workplace. This in turn, also encouraged students to also take a more proactive role in their learning. Furthermore, the potential for preceptors to become more effective teachers was also realised when there was a reasonable level of continuity with the student. In this way the preceptors' knowledge of the students' learning requirements and their abilities to structure teaching and learning was strengthened, as were the opportunities for students to develop their clinical competence.

Considering the benefits of maintaining continuity between students and preceptors, it was discussed within the findings of the Stage 1 Report that both RACFs and students make concerted efforts to facilitate this. From the perspective of the RACFs, it was imperative that the rotation of students be given a priority with respect to staff rostering (including annual leave and night duty) to ensure that the preceptors had an opportunity to work with students over successive shifts during the three week practicum. From Stage 1 of the project it was recommended that the RACFs consider the rotation of students to be a key event. The following was highlighted in Recommendation 16 of the Building Connections in Aged Care: Stage 1 Report (Robinson, Cubit, Venter & Fassett 2004).⁶⁸

⁶⁷ Recommendation 16 stated: 'Within each RACF staff should be targeted to act, as secondary preceptors to students, and these staff be encouraged to participate to preparatory session conducted prior to student arrival.'

⁶⁸ Recommendation 16 stated, 'The preceptors' rosters for the first two weeks of the practicum be developed well in advance of student arrival to ensure the greatest level of continuity possible between preceptors (primary and secondary)

In conjunction with this, the Stage 1 findings also outlined the importance of students being made aware of their roster and the role of the SNM in ensuring that students had access to them in adequate time prior to their placement.⁶⁹

Continuity of Place

Stage 1 findings also revealed that moving students between areas within the RACFs, over the course of the three week practicum, had a significant impact on continuity. While the movement of students between areas was organised with good intentions in order to provide the students a variety of experience - the students' comments regarding this indicated that it did not have a positive impact on their placement experience. Some students found it '*difficult being swapped*' because as one suggested, '*there are so many residents*' which meant the students often got them '*mixed up*' when they were placed in a new location. For some students, the lack of continuity of area impeded them from using their initiative, as they did not know the residents and felt unfamiliar in their environment.

Within the meetings, preceptors discussed how they were unsure as to whether moving the students was useful or not. This led to debate about the benefits or problems related to moving the students '*outside their comfort zone*.' From the student comments, in Stage 1, it was obvious that continuity of place was an important factor in enabling them to feel comfortable and develop confidence and competence over the course of their practicum. Furthermore, the preceptors recognised that their ability to make assessments about students' competence would be diminished if students were relocated within the relatively short 3 week placement. This issue was subsequently addressed within Recommendation 16 in the Stage 1 report (Robinson, Cubit, Venter & Fassett 2004).⁷⁰

Stage 1 findings provided a cursory overview of the issues and benefits pertinent to continuity between student, preceptor and area. From this preliminary investigation recommendations to improve continuity were outlined in Stage 1 in order to further explore elements of continuity within Stage 2.

Stage 2

Prior to the commencement of Stage 2, members of the Building Connections in Aged Care preceptor research groups at each participating RACF, met with the research team and considered Recommendation 16 made in the Stage 1 report. They subsequently carried out interventions in an attempt to meet the goals contained within it. The intent was to facilitate improved continuity for students and preceptors.

Prior to student arrival, rosters were developed in each RACF so that students would be buddied with preceptors over the course of their placement. Where possible, this included the provision of a primary preceptor and secondary preceptor for each student. Furthermore, the rosters were developed so as to provide continuity for students with regard to both the preceptors they worked with and the areas they worked in, at least for the first two weeks of the practicum.

and student. If possible primary preceptors (as members of the research group) should suspend their annual leave and night duty rotations during the period of the students' practicum.'

⁶⁹ This was in acknowledgement that most students held part time employment, which needed to be adjusted in the light of rostering requirements. As such, in Stage 1, Recommendation 16 stated: 'The student rosters should be developed to match as closely as possible with that of their preceptors. The SNM should play a key role in ensuring that students know their roster in advance and that they understand the importance of having continuity with their preceptors.'

⁷⁰ This recommendation stated: 'For the first two weeks of practicum students should remain in the one area and at the end of the second week the preceptors should negotiate with students to structure learning activities for the following week, which may include a change in area as subject to negotiation between the student and preceptor.'

Considering the staffing profiles in the facilities,⁷¹ where most staff worked part-time, developing appropriate rosters proved very difficult. Nevertheless, the findings from Stage 2 demonstrate that while there were varying levels of continuity, the increased emphasis and effort made by the RACFs, resulted in reasonable levels of continuity between students and preceptors being achieved. The effects of this were certainly reflected in both student and preceptor comments documented in the Stage 2 report.

The extent to which preceptors understood the importance of having continuity with students was expressed in one of the preceptor meetings, where some preceptors reported that they had refused request to change shifts with colleagues, because this would compromise their ability to work with students. Thus, it may be concluded that the findings and recommendations within the Stage 1 report had the desired impact on staff – that is to consider the continuity with students as a high priority. The findings from Stage 2 also indicate that continuity has multiple benefits for staff, students and residents and is a central mechanism in the development of quality clinical placements in aged care.

Continuity - Benefits

Stage 2 of the project revealed that interventions to facilitate continuity, as discussed above (i.e. rostering, primary and secondary preceptors), had a positive impact not only for students but also their preceptors. Preceptors who had the opportunity to work with students over time identified the following benefits:

- A sense of achievement on seeing the students confidence and competence develop
- Satisfaction associated with developing a relationship with the student, where both parties felt *'comfortable and relaxed'*; and
- An improved capacity to structure learning activities and make assessments of the students' progression towards competence.

Resonating with the findings of the Making Connections in Aged Care project (Robinson, et al. 2002), the findings of Stage 2 of the Building Connections in Aged Care project also highlighted that continuity facilitated student competence, through the preceptors increased capacity to structure learning activities and contribute to the development of students confidence. Both students and preceptors were able to recognise this association. Therefore, as a result of working with students over time the preceptors were cognisant of the students' abilities. This further enabled preceptors to act as advocates for students to minimise situations where their practice may be compromised – for example, in the context of staff shortages, where a student was expected to provide an *'extra pair of hands'*. In these circumstances, because the preceptor had worked with the student over successive shifts, this enabled her to make informed decisions regarding what might constitute legitimate expectation of the student, thereby facilitating a positive experience of practice.

Continuity of Place and Acceptance of students

The RACFs efforts to ensure that students had continuity of area also had a positive impact, not only in contributing to the development of student confidence and competence, but also to the acceptance of students within the facilities as valuable members of the health care team. By week three of the Stage 2 practicum, preceptors commented that the students were *'recognised by residents and ...around the facility'* and that they had become *'part of the team.'* Students appreciated being recognised in this way, as it contributed to their developing confidence and acknowledged their contribution as capable and competent team members. Thus, it could be argued

⁷¹ See Section 4, for a staffing profile of the RACFs

that the students' sense of themselves as nurses developed as a result of continuity with people and place.

Further benefits of continuity arose when students discussed the experience of providing care for the same residents in the same area over a period of time. Student comments indicated that there was a strong link between continuity and the development of confidence. The significance of having the opportunity to work in the same area became evident from the comments of students who had been rotated through one or more areas during the course of the Stage 2 practicum. As one student explained, *'you go to a different place and you have to start all over again.'* Similarly, another student described how rotating to a new area within the facility had made her feel *'muddled up again.'* These comments indicate the significant ramifications for students' capacity to continue learning when continuity of area was disrupted.

Remaining in the same area over time also enabled students to get to know the residents better. In Stage 2, 90% of students rated being able to provide continuity of care to residents as 'Very Important/Important'.⁷² Furthermore, the project evaluation also revealed that the ability of nurses to work with resident's families over time was an important factor in relation to students' intentions to work in aged care following graduation.⁷³ Within one group of preceptors it was discussed how residents also benefited from the students having continuity with one area and one preceptor recounted this as being *'a bit special for the residents.'*

From students' comments it became evident that having continuity with preceptor and place had a positive impact on their experience of the clinical placement. The empirical data provided by students in Stage 2 of the project reinforced the value of working with the same preceptors over time. The evaluation of this stage of the project demonstrated that concerted efforts to improve continuity had a positive impact on students' attitudes to their preceptors with respect to support and helpfulness, and showed a significant improvement from Stage 1 findings.⁷⁴

While levels of continuity varied between facilities in Stage 2, student and preceptor comments indicated that a reasonable level of continuity was achieved. However it was not possible to quantify this, as the Student Placement Log had not been developed to record this data. Therefore, a key aim in Stage 3 of the research was outlined in Recommendation 8, contained within the Stage 2 report,⁷⁵ which stipulated a need to quantify the extent of continuity between individual students and their preceptors in order to begin the process of developing a benchmark.

Stage 3

Within Stage 3 the facilities again developed student rosters so that preceptors were assigned to work with the same students over time. Preceptors also explained that while students worked with PCAs during the course of their placement, wherever possible they attempted to organise the practicum so the students could work with the same PCAs. Indeed, students recounted the benefits of working with the same RN/EN and PCA during their placement time. The comment of one student mirrors the comments made in Stage 2 of the project with respect to the benefits of this arrangement. She said:

I've had the same registered nurse and the same PCA ... It's really organised, they're really willing to help, they'll explain things; if you can't remember, they'll explain again. If they think there's something interesting, they're eager to seek you out. So I

⁷² See Robinson, Cubit, Venter, Jongeling, et al. (2004), Figure 22, pg 57.

⁷³ See *ibid*, Figure 23, pg 57.

⁷⁴ See *ibid*, Figure 24 and Figure 25 pg 59

⁷⁵ See *ibid*, pg, 88 – The recommendation states: 'The extent of continuity between individual students and their preceptors should be determined in Stage 3 of the project to begin the process of developing a benchmark for continuity in quality clinical placements in aged care.'

think they really do see it as an opportunity to really teach us something. It's really encouraging me to the area actually.

Thus the findings revealed that in most facilities there existed preceptor groups, which consisted of a mix of RNs, ENs and PCAs, all of whom worked with a student over the course of the three-week practicum.

Analysis of the Supervision and Placement Activities Log with respect to continuity

In an effort to establish the extent of continuity between students and their preceptors data from the Supervision and Placement Activities Log for each student was entered in to Microsoft Excel and manipulated using a series of pivot tables. To examine the level of continuity between students and their preceptors the variables of 'hours per shift' and employee code were cross-tabulated by day and week. This provided a map of the number of hours each student worked with a particular employee on each day of the practicum. The map was subsequently filtered according to a continuity threshold where a student must have spent at least 1 hour per shift on three separate occasions with the same employee to constitute continuity. The filtered continuity maps can be found in Appendix 12 and it should be noted that they do not represent the full range of supervisors that the students worked with. It does however provide a general overview of the time that students worked with key supervisors.

From the continuity analysis it is evident that the level of continuity within facilities and across facilities is highly variable. For instance a student spent an average of 1.3 hours per shift with the same supervisor over 10 shifts while at the same facility a different student spent an average of 5.5 hours per shift over 10 shifts (see Appendix 12). An example of the high variability of continuity across facilities is highlighted by a student at a different facility spending an average of 5 hours per shift on only 3 shifts with the same supervisor.

The key observations with respect to the continuity data are:

- The maximum number of shifts a student spent with the one supervisor was 10 hours and the minimum was 3 hours;
- The maximum average hours per shift that a student spent with a single supervisor was 6.86 hours (over 7 shifts) and the minimum was 1 hour (over 3 shifts);
- The maximum number of supervisors that a students spent at least 1 hour with on 3 shifts was 5 and the minimum was 1

From these data it is apparent that the level of continuity fluctuates over the course of placement, whereby some students may spend successive shifts with the one preceptor, while other students may work with a variety of staff. However, the opportunity to 'touch base' with one of the members of the preceptor group each day appears to be an essential component to students having continuity across their placement time. It is arguable that within an aged care context this arrangement is more realistic and achievable than attempting to have one student work with one staff member over time.

Benefits of Continuity

Building a rapport

While the levels of continuity varied across the facilities, the benefits of maintaining continuity were clearly articulated by preceptor and students. Similar to Stage 2, preceptors discussed the benefits of maintaining continuity with students as central to developing a rapport with them and to establishing a quality teaching and learning relationship. One preceptor commented, *'I think that gradually over time as they get to know you they open up to you'*, while another added, *'... so we*

talk and get to know them and treat them like one of our staff, so they don't hang around and feel incompetent.'

Students also highlighted the positive nature of developing a relationship through continuity with their preceptor. One student stated, *'It's good because you get to make a good relationship with the person'*, while another reported *'it's great, she [the preceptor] really looks after me.'* For students, getting to know their preceptors and building a rapport also had a flow on effect for student learning, as one highlighted when she said:

You become familiar with their routine as well. How they do things and it just makes it so much easier to learn something.

Ability of preceptors to structure learning and assess students' progress

Similar to Stages 1 and 2 of the Building Connections in Aged Care project, the capacity of preceptors to structure student learning and facilitate the development of competence in Stage 3 was enhanced when continuity was maintained. Indeed the findings of this stage further highlight that it is crucial that preceptors have the capacity to structure student learning, because when continuity between preceptor and preceptee was lacking it became evident that this negatively impacted on students' experiences of placement and its educational value.

When students were not able to work with the same people, the progression of their learning was not followed through, as one student highlighted when she said, *'You have to kind of start all over again with a new person'*. This can be frustrating for students and in turn negatively effect their experience of placement. One student recounted her experience of working with a staff member who she was not familiar with. She recounted that when she worked with her regular preceptor *'I'd do the BSL'S every time [the preceptor] knew I could do it, I just went off and did it.'* In contrast when she worked with another staff member who was unfamiliar with her prior experience, she recounted:

... they follow you around just in case, they've never seen you do it before which is understandable that they want to be with you but it's also a little bit annoying because you feel like 'I can do this!'

Similar to Stage 2 the students also recognized that having continuity enabled their preceptors to make informed decisions about their competence, which in turn facilitated a situation where they had the opportunity to practice more independently. As one student commented:

... with things like showers in the morning hygiene they [the preceptor] know that you've done a certain person before, and they know you are capable of doing it, so they set you up with that person and know that you're comfortable with it.

Positive comments from students indicated that they appreciated their preceptor's awareness of their progress and being given such opportunities.

Student confidence, competence and continuity

In line with Stage 2 findings, it was revealed that the capacity to enhance student confidence was facilitated by dimensions of continuity, which they experienced with their preceptors. Some preceptors from Stage 3 were surprised by the strong impact which continuity had had on students' confidence levels, with one preceptor stating *'... it's quite remarkable, the change.'* Like nurses in other regions, a preceptor from a facility where there had been high levels of continuity sustained, recounted how in the first week of the practicum her student had *'grown'* in confidence. She reported:

I've been working the last three days... I had quite a shy girl... Today's day three and she's feeling a lot better She seems really excited that she's actually doing needles

and suppositories and stuff. So over the three days you can see her settle down, find out where things are if I ask her to go and do something, the confidence is building day by day and it's great.

Thus it appears that continuity is also integral to the development of students' competence, professional sense of self and the confidence to embark on leadership opportunities. Preceptors explained that as a result of this increased level of confidence students were subsequently given the opportunity for more independent practice. A preceptor from another group stated:

This week she has been really quite independent ... She has continued on with the same residents that she started from week one so it was, [she would say] well I'll go and do this ...or I'll go and do that. It wasn't me saying well would you like to go and do so and so? So the confidence change was good. I think [student confidence] comes from working in the same area with the same people and looking after a set group of residents.

Numerous comments made in the student research groups supported these findings. For example, one student explained that continuity had, enabled her to feel 'a bit more confident' about tasks because she had 'seen what to do.' Reflecting on what had changed to create an increase in confidence, the student shared:

I think it's more in me because I'm more comfortable in doing things independently and knowing the routine and how people like things to be done so I think that's why I feel better about it because I'm more comfortable.

Continuity in place and acceptance into the workplace

Similar to Stage 2 of the project, having continuity of area was also found to be an important factor in the development of student confidence and their feeling accepted into the workplace by other staff and residents. For example, commenting on a student in her facility, one preceptor recounted:

When I walked in this morning I saw the student was with another nurse and the first thing I thought was, 'she looks happy as a pig in mud.' She just looks so relaxed and comfortable as if she was a permanent employee. You could just tell by the way she looked and how she was acting that she was really comfortable and enjoying herself. Just casually going about her business in a relaxed manner and she just looked like she worked there. She looked so comfortable.

Similarly, students explained that being able to work in the same area over a period of time was enjoyable because they became familiar with the routine. As one student recounted, 'I'd turn up and I'd know exactly what we were going to at exactly what time'. In a different region, another student expressed similar sentiments when she said:

I've been in the same area the whole time, basically with the same people which has been really good because they know what you've done and what you can do now and things like that and I've got to do quite different things

Students also found that remaining in the one location for their placement gave them the opportunity to work with residents over time, which was a positive experience as this enabled them to become familiar with the residents and develop relationships with them. One student stated

That's something you lack in a hospital situation getting to know a patient... I think that's where nursing as a whole has gone wrong... it's good keeping the same people with the same people, where as in the hospital you get different people different days.

Preceptors also pointed out that the residents enjoyed developing relationship with the students over the course of the practicum and that the students would be 'missed'.

In Stage 3 of the project the final evaluation revealed that students thought working with residents families over time was very important/important (90%) as was the ability to provide continuity of

care (95%) in their decision to work in aged care following graduation – see Figure: 50 and Figure: 51 below.

Figure: 50 Student Nurse – Working with families

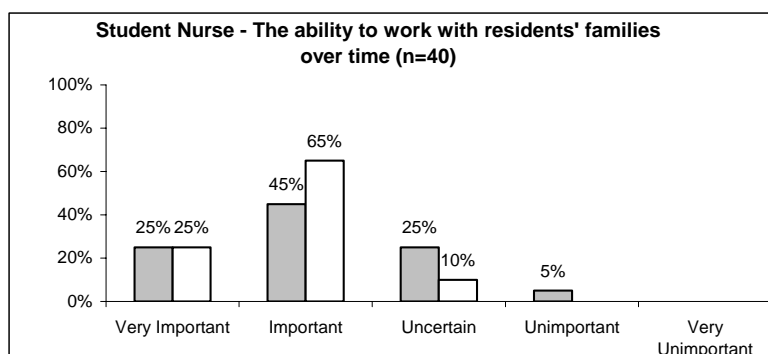
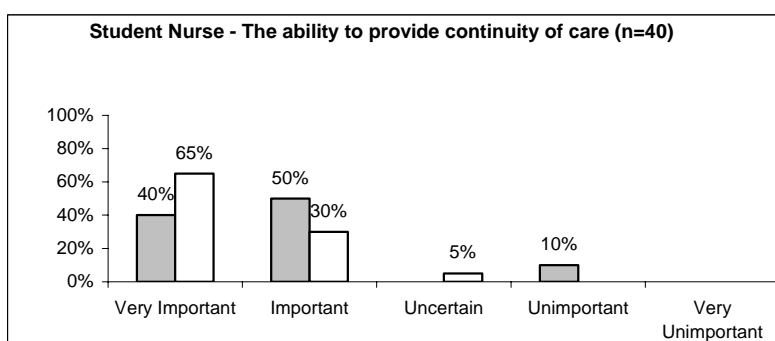


Figure: 51 Student Nurse – Importance of continuity of care



Summary

Across the three stages of the research it was uncovered that maintaining continuity between students, their preceptors and work area, had significant benefits towards developing quality clinical placements in aged care. Findings indicated that continuity enabled preceptors to appropriately structure teaching and learning activities and effectively engage students in meaningful practice with their preceptors to facilitate their growing confidence, competence and acceptance within the workplace. Recommendations made within Stage 1 of the research were successfully implemented within Stage 2 to improve levels of continuity and these improvements were sustained within the third stage of the project where RACFs received limited support from the Building Connections in Aged Care research team. Through the use of the modified Supervision and Placement Activities Log, in Stage 3 it became apparent that continuity was best achieved when students worked with a group of preceptors which essentially consisted of a primary and secondary preceptor and often a PCA. Working with a number of familiar people over time was realistically more achievable within an aged care context than attempting to roster one student with one staff member for the entire three weeks. A benchmark for continuity was not developed because of the range of people that students worked with and the complexity of supervisory relationships.

It became evident that levels of continuity fluctuated over the course of placement, whereby some students may spend successive shifts with the one preceptor, while other students may work with a variety of staff. However, the opportunity to ‘touch base’ each day with a familiar core member of the preceptor group was an essential component to maintaining a basic level of continuity despite the variance of supervisors which students may have worked with over the placement time. The significance of maintaining continuity of area was highlighted in the student responses to questions

contained in the final evaluation pertaining to working with residents and their families of over time (see above figures). Importantly, when students lacked continuity with a familiar group of people and/or work area, their comments indicated that this was an unsettling experience and impacted on their experience of placement and its educational value.

8. Supervision and student activities

Introduction

With the movement of nursing education into the tertiary sector and the consequent change in the structure of nursing education programs, student nurses now arrive in the clinical setting to commence clinical practice as newcomers, with different skill levels and different needs to those students who participated in the traditional apprenticeship style of nursing training (Twinn & Davies 1996). Consequently, nurses who now work with students in the clinical setting are faced with the challenge of integrating theory and practice within an experiential learning framework. Implicit to this process is guidance and supervision provided by nurse role models (Andrews & Wallis 1999; McCarty & Higgins 2003; Twinn & Davies 1996).

However, experiential based learning is faced with numerous challenges, especially in relation to student nurse supervision. A number of studies highlight that in general Baccalaureate nursing students spend significant amounts of their practicum time with minimal supervision, which is often inadequate and irregular at best (Green & Holloway 1997; Polifroni et al. 1995 in Ohrling & Hallberg 2000; Twinn & Davies 1996). While it is widely recognised within the literature that supervision can support competency development (Landmark et al. 2003; McCarty & Higgins 2003; Ohrling & Hallberg 2000; Twinn & Davies 1996), students have not always received this in reality because of the difficulties associated with the supervisor role. The lack of recognition afforded nurses, to account for the additional responsibility of student supervision has been identified as a significant problem, because the responsibility and challenges associated with supervising students occurs in addition to the other duties nurses are expected to perform each day (Robinson et al. 2002). Indeed, the quality of supervision preceptors can provide is impacted by having to share their time between patients, students and colleagues, while at the same time having to take a clinical load (Atkins & Williams 1995; Burk 1994; Edmond 2001; Ohrling & Hallberg 2000; Twinn & Davies 1996). It is well documented within the literature that the provision of a supportive framework for supervisors, from an organisational perspective, is pivotal to effective clinical supervision occurring (Andrews & Wallis 1999; Landmark et al. 2003; Wilson-Barnett et al. 1995). This involves nurses acting as supervisors or preceptors being allocated appropriate clinical loads and resources to effectively fulfil the requirements of their position.

Supervising students can be an intricate and involved process. Research reveals that students need preceptors to spend time with them and demonstrate nursing actions, so that over time students can gain confidence and mature in their role (Ohrling & Hallberg 2000: 31; Robinson et al. 2002). As the students' competence increased the need for the preceptor to provide direct supervision decreased and students felt more able to practice with preceptors at a distance with follow up after the activity (Ohrling & Hallberg 2000; Ohrling & Hallberg 2001). Robinson et al. (1999:18) discuss the tensions which preceptors experience when trying to balance supervision responsibilities and encouraging the student to develop more independence in practice. They report that as the students' placement progressed the tensions became less intense as 'preceptors and students had developed a more intimate knowledge of each others practice', which enabled them to make judgements about the level of supervision which was appropriate to the students' and their learning. Similarly, Robinson et al. (2002) report that through effective supervision, preceptors can play an important role in expanding student learning by encouraging them to undertake more demanding activities and to assume more independence, a point also noted by Ohrling & Hallberg (2000).

Historically residential care settings have not been viewed favourably by students as clinical learning sites. Happell (1999: 502) found that students perceived caring for the elderly as unchallenging, monotonous and repetitious. The gerontological environment has also not appealed to students as it does not contain the highly technical aspects of the acute care setting (Cubit 2000; Happell 1999; Steven and Crouch 1998). However, as Hartley, Bentz & Ellis. (1995) point out, due

to the impact of technology and economics, and despite the increasing acuity of patients, the length of stay in acute care environments is shorter. Hartley et al. (1995:129) go on to assert that aged care residents often have a mixture of 'complex technical needs as well as simple daily living needs', which may be appropriate to the learning needs of the beginning undergraduate nursing student. RACFs as locations for clinical nursing practicums provide a spectrum of opportunities for students to practice nursing interventions facilitated by the diversity of resident needs and daily care activities (Chen et al. 2001; Wade & Skimmer 2001). 'Basic' nursing skills, such as the provision of hygiene care, which may be given low priority in the contemporary acute care context, are often better suited to being taught in an aged care environment (Hartley et al. 1995; Sheffler 1998)

Other learning objectives which authors have identified as appropriate for students in the aged care environment have been focused on 'basic psychomotor skills, communication, physical and psychosocial assessment, safety concerns, patient education, the development of positive attitudes about the ageing process' (Chen et al. 2001: 58), as well as maintaining function and promoting wellness (Hartley et al. 1995). Research carried out by Abbey et al. (2003) found that students who undertook clinical placements in aged care appreciated the opportunity to practice nursing skills which varied from basic activities, such as manual handling and communication, to more technical skills. Furthermore, opportunities for students to be involved in the holistic provision of care is further enhanced in the residential aged care setting as clients spend longer periods of time within this environment - which is their home - as compared to the acute setting (Abbey et al. 2003; Chen et al. 2001). RACFs also provide experiences for students in specific areas such as terminal care (Ersek, Kraybill & Hansberry 1999), dementia care (Tatano Beck 1996), wound care and continence care (Chen et al. 2001). The diversity of experiences that students can be exposed to the contemporary residential care environment offers exciting opportunities for students to develop their nursing knowledge and skills.

Furthermore, when students are placed within a nursing home context they also learn to collaborate with other members of staff. Tagliareni (1991) reports that students' first experiences of collaborative interactions occurred in the nursing home where they undertook care planning with trained staff and organised resident care with PCAs. Considering the restructuring within the aged care workforce (Richardson and Martin 2004), it is inevitable that student nurses will work with PCAs. Indeed, Abbey et al. (2003) found those students were regularly allocated to work with PCAs and according to Robinson et al. (2002: 48), this is a reality of students engaged in clinical practicums in aged care. As would be expected, students largely participated in the 'basic nursing care' of residents when working with PCAs (Robinson et al. 2002:49). However, within the published literature there appears to be an absence of research which investigates the role of the RN in supervising students working with PCAs. Considering the division of labour within aged care this issue becomes significantly more important when considering the imperative to promote quality clinical placements within the sector.

In Stage 1 of Building Connections in Aged Care, the research team collected data on which members of staff students worked with and the activities they engaged in during the practicum. However, the data collection process proved somewhat problematic. There were a number of limitations in the data set and this did not allow generalisations about the students' clinical practice regimen to be drawn.⁷⁶ Following feedback from students and experts in the field, the Supervision and Placement Activities Log was revised prior to the commencement of Stage 2 of the project. In this stage all students completed the 'Log' for every hour, of every shift they worked.

Analysis of the 'Log' in Stage 2 provided detailed information on the number of hours per week each student worked either directly with or under the supervision of RNs, ENs and PCAs. The analysis also revealed that student nurses on placement in RACFs spent a significant proportion of their time working with supervised workers and that the staffing of the facilities, ie who students worked with on the placement, had a significant influence over what activities they engaged in.

⁷⁶ See Robinson., Cubit, Venter & Fassett (2004), Appendix 2, pg. 95-104.

In Stage 3 the ‘Log’ was further modified in order to refine the collection of data and develop a more accurate and sensitive profile of who students were working with and what activities they were engaged in while on placement.⁷⁷

While the ‘Log’ was completed by all students in Stage 2, only 19 of the 21 students submitted a completed ‘Log’ in Stage 3.⁷⁸ Despite this a combination of the ‘Logs’ completed in Stages 1 and 2 included:

- 39 students;
- divided into 12 cohorts;
- who worked in six RACFs;
- who each collected data on their activities and who they worked with on an hourly basis over 14 shifts;
- which amounts to a total of 546 shifts; or
- over 3800 hourly time slots.

Who students worked with

A key interest of the ‘Log’ was to determine who it was that actually supervised the students during their clinical placement. The ‘Log’ delineated two categories of supervision, direct and indirect supervision. Direct supervision referred to those times the student worked greater than 60% of the time directly with a member of the RACF staff i.e. participating in the same activity. Indirect supervision referred to those times that students worked less than 60% of their time was spent directly working a staff member, i.e. not participating in the same activity.

Data from Stages 2 and 3 were analysed to reveal with whom students worked while on clinical placement. The results are demonstrated in Table 22 below, which highlights a wide variation across facilities with respect to the amount of time students worked with different categories of care staff.

Table 22: Supervision by RACF for a combination of Stage 2 and Stage 3, with supervision types aggregated to the level of RN, EN

Supervision Type	RACF						Average
	1	2	3	4	5	6	
RN	75%	37%	38%	59%	9%	24%	38%
EN	0%	14%	20%	8%	46%	32%	22%
PCA	9%	30%	17%	9%	20%	10%	16%
Other health workers	0%	2%	1%	6%	6%	7%	4%
Working Alone	11%	9%	11%	13%	14%	22%	13%
Absent	0%	3%	4%	0%	1%	1%	1%
Sick Leave	2%	3%	4%	1%	2%	2%	2%
University Staff	4%	3%	5%	4%	3%	2%	4%

⁷⁷ Refer to Robinson, Cubit, Venter & Fassett (2004), Appendix2, pg. 95-104 and Robinson, Cubit, Venter, Jongeling, et al. (2004), Appendix 12, pg. 120-126 & 128-145 for further information as to how the Logs were developed in each of these stages

⁷⁸ Two students were followed-up, however, one ‘Log’ was lost in the post while the second was lost by the student.

Section 8 – Supervision and student activities

As illustrated in Table 20, analysis of the Supervision and Placement Activities Log reveals that across 2 cohorts, totalling 39 students, on average students worked with:

- Registered Nurses 38% of the time;
- Enrolled Nurses 22% of the time;
- Personal care assistants 16% of the time; and
- alone 13% of their time.

Interestingly, the amount of time students spent working with different staff members was relatively consistent across Stages 2 and 3 of the project— Refer to Table 23 and Table 24 below.

Table 23: Supervision by RACF for Stage 2, with supervision types aggregated to the level of RN, EN

Supervision Type	RACF						Average
	1	2	3	4	5	6	
RN	68%	44%	35%	56%	3%	25%	37%
EN	0%	13%	15%	10%	38%	30%	19%
PCA	6%	13%	19%	8%	25%	9%	14%
Other health workers	1%	3%	0%	7%	7%	7%	4%
Working Alone	15%	7%	15%	11%	9%	13%	11%
Absent	0%	3%	2%	0%	2%	2%	2%
Sick Leave	3%	6%	7%	1%	0%	2%	3%
University Staff	4%	5%	5%	5%	2%	3%	4%

Table 24: Supervision by RACF for Stage 3, with supervision types aggregated to the level of RN, EN

Supervision Type	RACF						Average
	1	2	3	4	5	6	
RN	83%	30%	41%	60%	13%	20%	37%
EN	0%	15%	25%	6%	48%	32%	23%
PCA	14%	41%	15%	10%	11%	9%	18%
Other health workers	0%	1%	3%	3%	4%	6%	3%
Working Alone	0%	11%	6%	17%	18%	31%	15%
Absent	0%	2%	5%	0%	0%	0%	1%
Sick Leave	0%	0%	0%	0%	4%	2%	1%
University Staff	3%	1%	6%	4%	3%	1%	3%

Of note, the Stage 1 results were also reasonably consistent with Stages 2 and 3, even though there were a number of limitations in the data collection process during this stage.⁷⁹

However, Table 23 and Table 24, above, also demonstrate that there were variations in some facilities across Stages 2 and 3 of the project.

Firstly, within RACF 5 the percentage of time students spent working with

- RNs increased by 10% in Stage 3 (an increase by a factor of 3 from 3% to 13% – or from around 15 mins to 1 hr /shift;)
- ENs increased by 10% in Stage 3; and
- PCAs decreased by 8.5% in Stage 3 (a decrease by a factor of 2).

Considering that the staffing profile of RACF 5 did not significantly change between Stages 2 and 3,⁸⁰ the increase in the amount time students spent working with trained staff - RNs in particular and consequent decrease in the amount of time student spent working with PCAs - suggest a recognition by RACF 5 preceptors that following the Stage 2 findings, students were spending only 3% of the time working with Registered Nurses. It becomes apparent from the changes that occurred between Stages 2 and 3, that the preceptors in RACF 5 embarked on a strategy to improve the quality of the student placement by increasing the amount of time students spent working with trained staff. Indeed, in the context of the research meetings the education co-coordinator in RACF 5 discussed her attempts to increase the amount of time she spent either directly or indirectly supervising students. As such, these results demonstrate that when given the appropriate information and opportunity RACFs can adopt a strategic approach to student placement and successfully reorganize with whom the students work.

Secondly, within RACF 6 the amount of time that students spent working alone significantly increased in Stage 3 compared to Stage 2. While this phenomena also occurred within other RACFs, it was most obvious within RACF 6. Considering the percentage of time that students spent working with RNs and ENs did not vary significantly between the Stages 2 and 3, this change can be explained through the supervision strategies which preceptors within the facility employed. In brief, these strategies centered around preceptors working with students closely in the early stages of the practicum and then decreasing this level of supervision as the placement progressed and the students' competence developed.⁸¹

Thirdly, the percentage of time students spent working with PCAs in RACF 2 was found to increase by almost 28% (or a factor of 3), a significant increase in Stage 3 compared to Stage 2. While the staffing profile of the facility did not change significantly between Stages 2 and 3, it is interesting to note that the percentage of supervision by RNs in the facility decreased by around 15% in Stage 3. Given the problems experienced in this facility during this stage,⁸² it is reasonable to suggest that the stress experienced by registered staff in this facility contributed to a situation where students were increasingly allocated to work with PCAs (over 40% of the time in Stage 3). This is clearly not a satisfactory situation and one which further highlights the negative implications of having students on placement in an RACF where conditions are less than optimal.

Finally, the extent to which the RACF staffing profiles impacted on who students worked with was given consideration with regard to Stages 2 and 3 data (Table 12 and Table 13). The most significant trend derived from the data analysis related to RACF 5. This facility employed by far the largest amount of ENs per shift (6 in the morning and 3 in the afternoon)⁸³ compared to all other

⁷⁹ Due to these limitations the Stage 1 results have not been included. See Robinson, Cubit, Venter & Fassett (2004), pg 98.

⁸⁰ See Section 4 of this report, Background Data, Table 12 and Table 13

⁸¹ This trend is demonstrated within Figure 52 and further evidence to support it is provided through student and preceptor comments within the section entitled 'Supervision of Students'.

⁸² Documented in Section 5 'Living on the Edge'

⁸³ See Section 4, Table 12

RACFs and thus students at RACF 5 spent almost 48% of their time working with ENs, compared to 13% of their time working with RNs. There was only one RN employed per shift at RACF 5 and this employee worked in a supervisory capacity.⁸⁴

The results of the analysis of other RACFs staffing profiles, with respect to who students worked with, remained essentially inconclusive. Thus, it would appear that who students work with while undertaking their clinical placement is variable and depends largely on rostering decisions made by the individual facilities. Based on this, the capacity of RACFs to influence who students work with, is pivotal in establishing quality placements and relies on RACFs having a knowledge base which facilitates rostering appropriate to student needs.

Student involvement in clinical activities

A key concern for the Building Connections in Aged Care research group was to investigate what clinical activities students undertook while on placement within an aged care context and what opportunities students had to develop their level of competence. Through the use of the Supervision and Placement Activities Log, Stage 2 findings revealed that students engaged in a wide range of activities. This was also the case in Stage 3. Table 25 (below) demonstrates that the percentage of time that students engaged in various activities across Stages 2 and 3 were relatively consistent.

Table 25: Percentage of time spent on particular activities, all RACFs for Stage 2 and Stage 3

Activity Description	Stage 2	Stage 3	Average
	%	%	
Handover	3%	2%	3%
Hygiene	13%	15%	14%
Activities of daily living	11%	11%	11%
Diversional therapy	3%	3%	3%
Medication management/administration	23%	23%	23%
Wound assessment/management	7%	4%	6%
Observations	3%	3%	3%
Documentation	7%	5%	6%
University activities	8%	8%	8%
Other nursing procedures	1%	1%	1%
Non nursing activities	0%	0%	0%
Doing nothing	0%	1%	1%
Orientation	5%	5%	5%
Other activities	5%	3%	4%
Research meeting	4%	3%	3%
Absent	1%	2%	1%
Sick	2%	3%	2%
Meal break	2%	7%	5%
Physical assessment		2% ⁸⁵	

Table 25 (above) highlights that while on placement in an aged care setting the largest proportion of students time was spent on:

- Medication management & administration – 23%;
- Hygiene care — 14%;
- Activities of Daily Living — 11%.

⁸⁴ As stated previously, during Stage 3 of the project this nurse implemented a strategy to increase the time she directly and indirectly supervised students on placement in the facility

⁸⁵ In Stage 2 of the project no information was collected on students' involvement in physical assessment activities.

In order to obtain more accurate data, changes were made to the 'Log' in Stage 3 which enabled the amount of time spent on medication management and medication administration to be differentiated. In this stage the 'Log' also included the two additional categories of physical assessment and wound management. It is important to note that the percentage of time students spent undertaking different activities in Stage 3 varied across facilities. This is demonstrated in Table 26 below.

Table 26: Percentage of time spent on a particular activity by RACF – Stage 3

Activity	RACF					
	1	2	3	4	5	6
Handover	3%	3%	1%	4%	1%	1%
Hygiene	3%	19%	15%	10%	21%	17%
Activities of daily living	8%	18%	14%	3%	7%	12%
Diversional therapy	1%	5%	5%	2%	4%	1%
Medication management	1%	7%	8%	8%	14%	2%
Medication administration	40%	9%	12%	26%	8%	11%
Physical assessment	1%	0%	1%	4%	1%	4%
Wound management	6%	3%	2%	3%	2%	1%
Observations	1%	3%	4%	2%	1%	5%
Documentation	0%	4%	6%	5%	7%	8%
University activities	6%	10%	5%	7%	13%	4%
Other nursing procedures	1%	2%	0%	3%	1%	2%
Non nursing activities	0%	0%	1%	1%	1%	0%
Doing nothing	0%	1%	0%	2%	2%	0%
Orientation	4%	7%	5%	3%	5%	5%
Other activities	4%	1%	3%	3%	3%	3%
Research meeting	3%	1%	4%	3%	3%	2%
Absent	8%	3%	0%	0%	0%	1%
Sick	0%	0%	5%	0%	4%	7%
Meal break	12%	2%	8%	10%	3%	12%

Consistent with Stage 2 findings,⁸⁶ an analysis of the Stage 3 data indicated that who students worked with, had a significant impact on the activities that they engaged in during their placement. For example:

- Students at RACF 2 who spent 41% of their time working with PCAs:
 - assisted residents with hygiene and activities of daily living 37% of their time (RACF average 25%); and
 - were involved in medication administration for 9% of their time (RACF average 18%).
- In comparison, students in RACF 1, who worked with RNs for 83% of the time:
 - assisted with hygiene and activities of daily living for only 11% of their time; and
 - were involved in medication administration for 40% of their time (largest percentage of time spent across all facilities).
- Students at RACF 5, who worked with ENs for 48% of their time engaged in 14% medication management, 8% medication administration and 21% of their time providing hygiene care. This finding reflects the fact that as supervised practitioners, Enrolled Nurses cannot supervise students in the administration of medications. Similarly, the large amount of time students spent undertaking hygiene related activities in RACF 5 reflects a situation

⁸⁶ See Robinson, Cubit, Venter, Jongeling, et al. (2004), pgs 62-63

in this facility where Enrolled Nurses generally assisted residents with their hygiene as part of their daily work.

Therefore, how student practicum's in aged care are 'shaped', in terms of what activities they are involved in, will largely be determined by which members of staff they work with. This means that rostering must to be taken into account, given priority and scrutinized carefully when considering the range of experiences students will undertake while 'in practice.' This is especially important in the case of students who have prior experience working as PCAs. For example, a student from one group reported that she worked with PCAs for a significant amount of her practicum time. Having already worked as a carer, she found this problematic, and argued '*I was not learning anything new... [and] its probably a bit of a waste of time.*' She also explained that at times she felt she did not receive the level of supervision that other students received from PCAs, or the EN she worked with, because of her prior experience. She stated that the carers:

... tend to let me go more...they know I'm a career and I'm left alone quite often I see [the preceptor] running around and getting one of the carers to go and check on [other students], meanwhile I'm off showering by myself.

Accounts of student involvement in clinical activities

Within Stage 1 of Building Connections, the primary intent was to scope the issues which impacted on teaching and learning of student nurses within an aged care context. As such, data was not collected about the activities that students participated in during their placement. Stage 2 of the research aimed at developing a profile of what activities students engaged in. Thus the Supervision and Placement Activities Log was developed to enable the collection of this data.

The Stage 2 report recommended that within Stage 3, data be collected on the activities undertaken by students in high and low care, in order to better understand how this impacts on their clinical placement.⁸⁷ However, considering that the RACFs employed the 'ageing in place' philosophy, it became evident that when students were placed on units at the various facilities there was generally a resident mix including both high and low care. While there were some students who were specifically placed in a low care environment at facilities, the data did not provide conclusive evidence that this impacted on the students placement experience. Thus for the purposes of the following discussion the activities which students engaged in will not be considered with respect to a low or high care environment.

Medication management

Consistent with findings of Stage 2, the third cohort of students also engaged in medication management and administration activities for a significant percentage of their time while in practice within the RACFs. Stage 2 data indicated that students spent on average 23% of their time involved in medication management. Stage 3 the data also indicated that students spent the same amount of time overall involved in activities related to the provision of medications to residents. However, as stated previously, the revised 'Log' utilised in this stage meant this information could be differentiated into the areas of medication administration and medication management. The analysis revealed that students spent on average 16% of their time on medication administration and 7% on medication management.

In general it was evident that the students were more positive about their involvement in medication administration/management activities in Stage 3 than Stage 2. In Stage 3 students explained that they had '*learnt a lot about drugs*' while on the placement. One student explained

⁸⁷ See Robinson, Cubit, Venter, Jongeling et al. (2004), Recommendation 14, pg.10

how being involved in assisting with medication administration and management had helped her to refine her knowledge base, when she said:

I actually found learning the drugs, doing the drug round and learning what the drugs were for and putting them into groups, that's what I found valuable...

Other students expressed similar comments. However, in the last week of her placement one student expressed the view that '*I have enjoyed it [medication management/administration] but I have had enough now*'. This student had spent her placement time in a high care area and considering the volume of medications that many residents are prescribed within this environment, medication rounds can last for 2 to 3 hours at times. This sentiment was echoed in Stages 1 and 2 of the research, which suggests that students can reach saturation in this activity.

Some preceptors recognized that it was not particularly useful for students to participate in the entire medication round, as they felt that students often felt overloaded by the experience. An RN preceptor from the one group explained how their approach to facilitating student learning regarding medication had changed over the course of the research. She reported that:

First up [Stage 1] we started doing complete medication rounds, and that was wrong but we didn't have any guidance, we just did what we thought we had to do it. But now, no way are you going to do that because it doesn't make sense... It's more productive [for students] to concentrate on a few patients.

Thus, it became apparent that across the three stages of the research the preceptors trialed and refined strategies to assist students learning. This highlights how the capacity of preceptors to adopt an educative agenda was enhanced throughout the research process.⁸⁸ Students also agreed that being able to concentrate on mastering the medication regime of a few residents was more useful than attempting to gain an understanding of the medication requirements for all residents domicile in a particular section of the RACF. As one student explained: '*I found it more useful focusing on four people than focusing on everyone's drugs.*'

Preceptors explained a range of strategies they used to assist students' skill and knowledge development related to medication activities. Similar to Stage 2 of the project, the demonstration of procedures represented a key learning strategy utilised by the preceptors. For example, in Stage 3 one preceptor explained the way she engaged her student in a sequence of activities.

The first day was a good half hour longer but I got her [my student] to actually dispense the medication that day and give it to the resident ...so it did take a lot longer. The second day I got her to go through and try and decipher doctor's writing so she was trying hard to keep dispensing and gave the tablets out and that was a lot quicker, it was quicker for me. I think she found that interesting because I got her to really go through the drug charts for allergies and names and everything and PRN orders and short term orders and so she was very emphatically while I was actually dishing out tablets to the residents she was checking the next drug chart.

For some RN preceptors the extra amount of time involved in supervising students administering medications was a concern. Preceptors discussed the types of strategies and routines they employed to minimize the time constraints associated with having students. For example, a preceptor explained:

...first thing every morning for the first hour she [the student] goes off with one of the carers and does some showering Then she comes to me for the second half of the [medication] round so I've got a bit of a start. I keep the injections and things like that for her to participate in...

During Stage 2 of the research there were concerns raised regarding the supervision of students during medication administration. Specifically, that students need to be directly supervised by RNs when administering medications, consistent with the Nursing Board of Tasmania Guidelines for

⁸⁸ See section 10, 'Building Capacity' for a discussion of this issue.

Medication Management (2003). Students within Stage 3 did not report any issues with RN supervision when administering medications. The fact that this concern was not raised indicates that the feedback loop utilised in Stage 2 was effective in changing RN supervision practices with regard to this issue. However, consistent with Stage 2, students did raise the issue of working alongside ENs and being unable to assist with medication administration. Thus students who spent the majority of their time working with ENs, as was the case in Facility 5, engaged in a significantly higher percentage of time on medication management (14%) with limited opportunity to practice the skill of administering (8%). A student from RACF 5 explained that she:

... just observed because they [ENs] are not allowed to supervise us... Well it has been ok, I have got the medication book and done that while they have given out the drug, making me learn what it looks like, and I will look up what it is and what it is used for... and watch how it is given whether it is crushed or not... But it is not actually giving them yourself... I probably would have learnt better if I was actually doing the drugs with them observing me...

Within RACFs where students worked a large percentage of their time with ENs, efforts were made by the RN supervisors to work with students so that they could be involved in drug administration. One of the EN preceptors explained that some mornings her students would work with an RN *'doing medication... and the insulins before breakfast.'* Students appreciated being given this opportunity. Even though students could not administer medication with the ENs, they acknowledged these preceptors still contributed to their knowledge base.

A range of nursing experiences

Throughout the three week practicum students were also exposed to a range of activities which were not included in the Supervision and Placement Activities Log, but nonetheless were highly significant to their placement experience and development of competence. Similar to Stage 2 findings, the preceptors utilised a range of techniques to ensure that students were exposed to various activities which would contribute to their professional development. One student related an account of caring for a resident who was acutely ill.

It was amazing today because on the wing I was working there was a lady and she'd been vomiting coffee ground looking stuff overnight and this morning. They'd only just rang the ambulance at about 12 o'clock when I left and she'd been vomiting all day. My preceptor and I gave her some Panadol and a bit of yoghurt, she spewed that up. We gave her some water, that come back up. I gave her some jelly, that come back up. So I was just sitting there with her for about half an hour and you could just see the deterioration anyway because she started to get this chesty phlegm sound when she breathed and was coughing so we ended up sending her to hospital.

Such experiences also demonstrated to students the complexity of aged care nursing and the multitude of assessment and decision making skills that RNs must rely upon as an integral component to their practice. It was also obvious that the preceptors had planned in advance for students to experience specific activities. One preceptor explained:

One of our residents here goes over for dialysis three days a week ... So we thought if they [students] can do that, that would be really good for them to go over to the dialysis unit... Yesterday [the student] went off to the Renal unit, her and another student and they really enjoyed that and I think the resident really enjoyed having them with him as well, he loved it.

Students were also exposed to death as an intrinsic reality of aged care nursing. One student shared with the group her experiences of being involved in the care of a resident who had passed away. The experience was something which the student described as a being *'a little bit emotional'* because she had known the person before they died and had *'done her nails a couple of days before.'*

Students also recounted their experiences of caring for residents who died, and while they found dealing with the reality of death challenging, they agreed that it had been a useful experience in their development as practitioners. As one student commented:

...last night was probably the most challenging night because one of the residents died... Just helping talk with the family and having to call the doctor and then they called some of the staff and I was helping with that. So that was a different side that I hadn't really seen before of nursing, having to deal with that type of stuff.

A preceptor from the North-west group shared an incident whereby a resident unexpectedly passed away and the students were able to 'talk through the issues that surrounded that'. She went on to describe the types of strategies she used to prepare the students for the experience and the experience itself.

... we just sort of discussed some of the issues surrounding the death and went in and sort of just talked about the physical aspects of a person dying, what they would look like, what happens, how we can prevent swelling and that depending on how you position them and talked about the family issues you know how it's nice to present them nicely from the family point of view and then we talked about the paperwork side. The doctor couldn't come up till later in the day so we actually filled out a certificate. I thought they seemed fairly comfortable with it. They didn't seem upset. We came out afterwards and we were talking about the procedures that we had to do, paperwork side of things.

The above account demonstrates how preceptors can play a vital role in assisting students to manage what can be difficult situations and effectively utilize them as learning experiences.

Hygiene and activities of daily living

Results from Stages 2 and 3 indicate that students spent on average 20% of their time undertaking hygiene and activities of daily living.

Generally students relayed positive comments about being engaged in these activities. One student described it as 'a dramatic change from just doing the pill rounds and the dressings instead getting in amongst it, doing real nursing'. Students enjoyed the opportunity to provide 'actual hands on care'. A student from the northern group explained, 'I really enjoyed...getting to do the hands on stuff, cause I sort of missed that the week before and so I got to brush up on manual handling...' Preceptors in another region also provided similar comments:

Well I didn't think they would think this [hygiene care] would be interesting, but they do and they love it, to get down to the basics and shower and wash and spend time with them [residents]... they're happy to get in and I thought they wouldn't want to know any of it but they are complete opposites, they are - dare I say it, old fashioned with their approach to nursing... it's the first thing [my student] said to me when I met her, 'oh no I want to get straight into the room and do a shower and chat'...

The time that students spent assisting residents with hygiene and ADLs, also enabled them to practice skills such as manual handling and physical assessment. One student explained the benefits of being involved in residents' personal care as, 'getting to know how to assess people, how to do the showers, care for skin... and using the hoist and the equipment'. Interestingly, students logged that they only spent on average 2% of their time engaging in physical assessment activities. While this proportion of time is lower than anticipated, it could be argued that physical assessment activities are in fact implicit within other nursing activities, such as hygiene care and assisting residents with ADLs.

Nevertheless, students provided accounts of undertaking various aspects of physical assessments. One student explained that she was able to assess a resident's skin integrity 'mainly when you are showering' and assisting the resident with their ADLs. She went on to explain that 'you have a chat to them and [assess] their mobility'. Another student explained that when talking to the resident

'you are...watching their speech' to observe for any deficits. Yet another student provided an account whereby she assessed a resident's skin integrity and *'noticed an area that look[ed] like a pressure wound.'* She also explained that she recognised another resident was *'noticeably more confused than normal'* and as a result with her preceptor she *'looked at the bowel chart and...checked her urine'*.

However, it was unclear from student and preceptor accounts whether any structured approach was used to undertake physical assessments. Preceptors stated within meetings that they had addressed physical assessment with the students, however little detail was provided as to how this occurred. It was apparent that preceptors generally made generic statements to students such as *'when you [the student] are in the shower there are a few basic things you need to be looking for...[such as] skin integrity.'* These findings suggest that further consideration needs to be given as to how students are introduced to physical assessment within an aged care context and how they are supervised when undertaking physical assessment activities.

Technical procedures

Similar to Stage 2 of the project, in Stage 3 students also engaged in a range of technical activities while in placement. On average students logged that they spent only 1% of their time engaging in other nursing procedures. The range of procedures which students identified included

- Catheter care, removal/insertion of SPCs;
- Peg feeds;
- Administration of injections;
- Suture removal;
- Wound care;
- Blood sugar readings; and
- Venepuncture.

While the Supervision and Placement Activities Log was modified to differentiate between wound assessment and wound management within Stage 3, students spent only 4% of their time engaged in wound care. The students gave some examples of their participation in wound care, however they were limited.

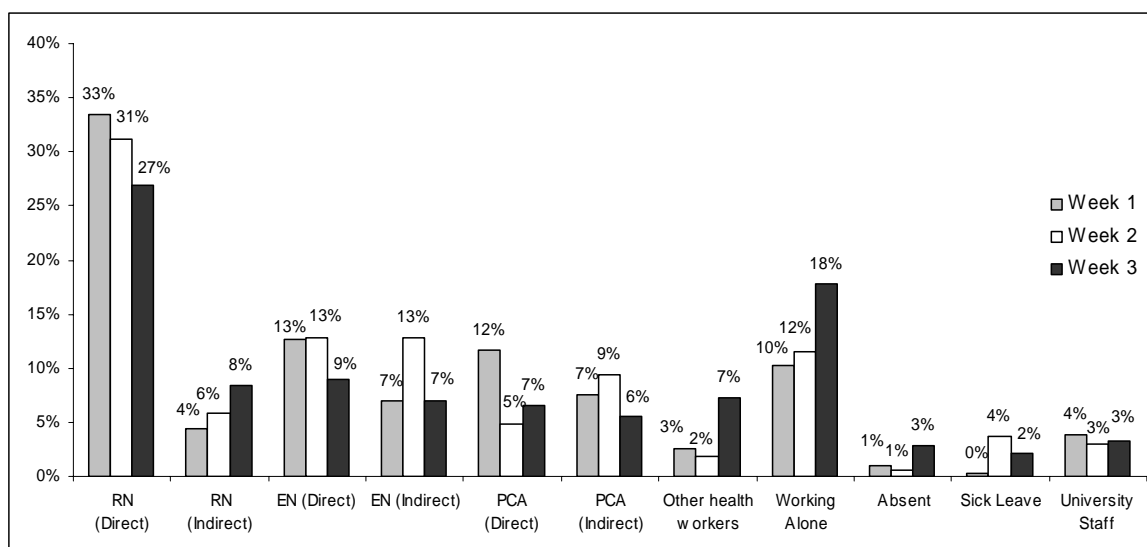
Supervision of students

Stage 2 of the research outlined that while it was a reality of aged care that student nurses were working with supervised practitioners (PCAs and ENs) during their practicum, there was a lack of information regarding the structures and processes to support the supervision of students within this context. It was unclear:

- what strategies RNs employed to ensure adequate supervision of students; and
- how students were monitored students when working with supervised practitioners.

Thus a key focus of Stage 3 was orientated at investigating these issues. Data was collected through the Supervision and Placement Activities Log as to whether students were supervised directly or indirectly by staff members for each hour of each day. Through analysis of this data, trends which occurred in Stage 3, regarding the supervision practices of staff across the three week practicum were revealed. These are outlined in Figure 52, which highlights significant trends which emerged as the practicum progressed over the three weeks. These include:

- a decrease in RN direct supervision;
- an increase in RN indirect supervision;
- a decrease in EN direct supervision; and
- an increase in students working alone.

Figure 52: Summary of supervision type by week for a combination of Stage 2 + Stage 3 with direct and indirect supervision isolated

Indirect supervision practices

The above trends were reflected in student and preceptor accounts. For example one EN preceptor explained how her supervision practices had changed in the second week of the student practicum from direct to more indirect means. She reported:

... everything that [the student] now does I have done with him or have stood there and talked him through it. I just waited him for him to tell me ok you can take the training wheels off now, I'm happy to go on my own. . By the end of [week 2]... I said you tell me when you are ready to go alone, and I think it was on about the last morning, ok what's our plan of attack today, well I know my four people I'll start...

The same preceptor explained that by the end of week two she had allowed the student to practice more independently under indirect supervision. She explained how she had partially relied on feedback from the student to guide her supervision practices in this way.

.... I said to him 'you tell me when you are confident to be left on your own', and he said 'I have already done it at [my last placement] so I'm fine', and I said 'all you have to do is press the bell, I know where you are and I'll come'.

A student from another facility recounted the supervision practices of her EN preceptor at week three of her practicum. The strategies were essentially indirect and the student was left to practice without supervision for periods of time, with the preceptor providing a follow-up usually at the completion of the shift. The student recounted:

My preceptor might pop her head in, she doesn't always to see how I'm going, but often not at all. I've never needed help so... I think it's because the lady I am looking after is fairly independent... I was supervised the first time or told what to do... So occasionally [my preceptor] will pop [her] head in but they tend to ask me if I have any questions and if I don't they think, well she must be comfortable providing care... they sort of tend to say later in the day, 'how has your morning gone', rather than after you have finished... I think if I don't say anything then they think that it was ok.

Student opinions about being indirectly supervised, and given the opportunity to practice more independently, varied across the groups and this was largely dependent on the amount of support and follow-up that preceptors provided. For example one student explained:

I've been more indirectly supervised rather than working by myself and I am actually happy with that... I am getting left to do things, but [my preceptor] always comes in and says, 'how did you go with that', and so I am getting left alone technically but there's that follow-up, so I like it...

Considering there was an increase in indirect supervision strategies employed by EN and RN preceptors over the three-week period of practicum, it is important to recognize that this form of supervision may assist the student and act as a 'confidence booster', but as the above accounts illustrate, the context must be such that there is adequate support and follow-up.

In contrast when students were left to work alone with little follow-up and supervision they did not find this a positive learning experience. One student explained this in the context of being allocated to work with a PCA.

[The preceptor] ..instructs us to work with a certain carer and as soon as the EN is gone the carer just gets us to do the shower for them and they go off and do someone else. It's just like we are more an extra set of hands

While other accounts provided by preceptors and students indicated preceptors would intermittently check on students, there was a lack of formalized strategies employed by preceptors to supervise the students while working with the PCAs. The lack of supervision caused one student to reflect on her experience of being left to work alone after being allocated to work with a PCA. She suggested: *'I'm learning to be a carer, that's about it...I'm not learning that much RN stuff'*. Thus for students who were left to work alone with limited supervision and follow-up, meaningful engagement within practice to facilitate learning was limited. Considering the increase in the percentage of time students worked alone as the practicum progressed (refer Figure 52), this trend raises concerns regarding the implications for student learning.

Students working with PCAs: Information transfer and supervision practices of preceptors

Similar to Stage 2 of the project, in Stage 3 the preceptors described how prior to the arrival of the students, they targeted specific PCAs to work with students and endeavoured to inform them of the students' learning needs. This was an important strategy to ensure that students worked with only those PCAs who were both interested and capable of supporting them in practice. In Stage 3 of the project we explored what actually happened when students worked with PCAs.

In most facilities ENs worked in charge of units under the supervision of a RN. As such, they often had a primary responsibility for the supervision of students when they worked with PCAs. Interestingly, their accounts of the supervision strategies they employed, varied. For example, one EN preceptor explained that she provided direct supervision when her student worked with a carer for the first time. She recounted:

I've gone into the room with them [student and PCA], the three of us have been there together and I've observed the PCA deal with the student and at the end of it I've said, 'ok how does everyone feel'...

Other preceptors explained that when students worked with PCAs, they often relied on receiving feedback from carers to see if any concerns or issues had arisen. Alternatively, an EN preceptor pointed out that she did not provide supervision when her student was working with a PCA and explained:

I as a rule would not supervise a student with the carer that I had chosen them to go with... I haven't had a need... but you would soon pick up any problems. You'd only have to look at the student's body language and you'd soon hear back from the carer.

While the carers were routinely trusted to provide feedback to the ENs and RNs regarding resident care, it was also apparent that the preceptors extended this responsibility to providing feedback on students. As one preceptor indicated:

You have to rely on the carers for so many things..... The carers were the supervising party but at the end of the time, or the day I would say to the student, 'how did you go, was everything ok.' And I know the carers would come and say something to me anyway if they were having a problem...

Given the responsibility assigned to them to work with students, and provide important feedback, such comments make it apparent that the preparation of PCAs to work with students is a very important process. The preceptors' reliance on feedback from these staff was largely dependant upon the existence of open and effective communication channels. However, this is cause for concern because a recent study indicates that the transfer of information between PCAs and RNs is often ad hoc, untimely and often inaccurate (Menzies, 2002).

Not surprisingly, in most RACFs there appeared to be limited direct supervision by EN and RN preceptors when students were working with PCAs. The absence of formal processes by EN preceptors to monitor students also raises the question as to what strategies RNs employed to monitor students when working EN and PCAs. Within the preceptor meetings there was limited qualitative data collected from RN preceptors as to how they supervised students when working with supervised practitioners.

In an attempt to further uncover the supervisory relationships, which RNs held with supervised practitioners, a focus group discussion was convened at each facility, which only RN supervisors attended. It was hoped that the RNs could speak freely about the supervision practices they employed when students were working with ENs and PCAs. From these meetings it became evident that on the whole there existed limited supervision strategies to monitor students when working with supervised practitioners. Largely because of significant time constraints which limited the RNs capacity to engage directly with students, these strategies were again generally ad hoc and based on intermittent observation and anecdotal evidence from other staff. For example, the RN coordinator from one facility explained:

You're observing how it is all going with the dynamics with the EN and the students as well, whether it is actually gelling. I poke my head in door and see what is happening.

From the coordinators comments it became evident that there existed little or no formal processes for supervision of students when working with ENs and PCAs. Another RN supervisor described how she followed up with students when she said:

Just watching her [the student] relating to the residents, asking her what she has been doing, just asking her if she is having a good time. Seeing how she is doing with her case study, her clinical stuff, touching base at least once each day

Similarly the RN coordinator from another RACF explained her process of supervision:

[The PCAs] ...consistently give us feedback on how students are going and you have little chat with the student and then have a chat with the PCA...you can get stuff out of them and I find that a good way...

The RN coordinator at another RACF explained that she communicated with the ENs to receive feedback about the students and also relied on her staff to approach her if there were any problems occurring. She reported:

... I know that if the EN preceptors were having problems they would come to me. So there is that communication as well. So if there is something that they can't do or they are not sure of they will always check with me.

As discussed earlier, ENs also relied on feedback from PCAs regarding the students. Thus it becomes evident that a chain of communication exists within RACFs, which means that on occasions the RN may be receiving third hand information about the student.

Direct supervision practices

Students provided accounts of direct supervision from their preceptors and it became evident from these comments that positive and useful learning experiences occurred when students were directly supervised and engaged in practice with their preceptor. One student demonstrated this when explaining how her preceptor taught her about pressure areas.

My EN ...will say, 'when you give the resident a shower focus on skin assessment because she tends to get pressure areas'... And she always gives me a hint to guide me... and always points out what could be the beginning of a pressure area, which is good because I know what [it] looks like...

Another student described her experiences of working under direct supervision of an RN preceptor as 'really interesting'. She explained that she was given the opportunity to ring a doctor regarding an unwell resident, she stated, 'I was comfortable doing that and [my preceptor and I] talked about all the different sorts of stuff I should say and [my preceptor] got all the notes out for me'. Through direct supervision the opportunity for students to discuss important points of practice with their preceptors, at the time they occur, is facilitated. This is significant to the student's developing confidence and their progression toward competence. Students explained that the provision of direct supervision and guidance from preceptors – whether that be from a RN or EN - assisted them to feel more confident and comfortable in the workplace. For example, one student noted that when she had the opportunity to work directly with an EN preceptor:

... I felt confident doing stuff she wanted me to do, because she was there with me to do it. So I really enjoyed that... she was there when we had to go in and shower somebody. She stood there and told me what to do and we just did everything together...

Thus it may be argued that students who are engaged in practice with their RN or EN preceptors, under direct supervision, have a greater chance of being exposed to useful and appropriate learning opportunities than students who receive minimal supervision.

Summary

One of the key intentions of Stage 3 of the research was to elucidate which staff members students worked with, how students were supervised and what activities they engaged in during their clinical practicum. Through modification of the Supervision and Placement Activities Log, across Stages 2 and 3 of the project, data collected in these stages became progressively more accurate and sensitive, to reflect a profile of who students worked with and what activities they engaged in.

On average, the amount of time that students worked with RNs, EN, PCAs and alone was relatively consistent. The results were also reasonably consistent with Stage 1, even though there existed a number of limitations to the data collection process during this stage. In general, the findings reveal that students worked with RNs and ENs 38% and 22% of their time respectively, while they worked with PCAs 16% and alone 13% of the time.

On closer investigation of 'Log' data from Stages 2 and 3 it became apparent that a number of factors influenced who students worked with on placement. These factors included rostering, the methods of supervision employed by preceptors, and staffing issues. While it was anticipated that staffing profiles of the RACFs would impact on who students worked with, in general the results remained relatively inconclusive. Rather, it would appear that rostering decisions made by RACFs were central in determining which members of staff students worked with. This means that the organisation of appropriate rosters is critical to the development of quality clinical placements in aged care.

Analysis of the Supervision and Placement Activities Log data collected in Stages 2 and 3 of the project revealed that the largest proportion of student time was spent on medication management

and administration (23%), followed by hygiene care (14%) and supporting residents in activities of daily living (11%). However, because of the relationship between who students worked with and the activities they engaged in, it was also apparent that rostering had a significant impact on the range of clinical activities students engaged in during the clinical practicum. Thus students who spent a significant amount of time working with PCAs assisted residents with hygiene care and activities of daily living for a greater amount of time than students who worked more frequently with RNs. Similarly, with respect to medication management, students who worked primarily with ENs spent more of their time involved in medication management activities, when compared to those students who worked more often with RNs. The latter group generally spent a greater proportion of their time administering medications. These findings further highlight the importance of rostering in setting up quality placements in aged care, as they have a major influence in determining students' learning experiences.

To understand just what experiences students participate in when on practicum in aged care Stages 2 and 3 aimed at developing a profile of these activities through use of the 'Log' (as already discussed) and collected qualitative accounts from the students themselves. This contributed to a more robust understanding of the learning opportunities which students encountered during their placement. The wide range of activities which students discussed during the research meetings supports the view that aged care provides useful and exciting opportunities for teaching and learning. Student comments from Stage 3 were consistently positive about their experiences and highlighted the capacity of preceptors to adopt an educative agenda, which assisted them to understand the complexities of aged care nursing.

Finally, overarching the issue of who students work with and the activities they engage in, is the question of who supervises students and how this process occurs. Analysis of Stage 2 and 3 data revealed trends in the supervision practices of RN and ENs over the course of the 3 week practicum. Of significance the analysis revealed that RNs generally moved from direct to more indirect means of supervision as placement progressed. At the same time the amount direct supervision provided by ENs decreased, while the amount of time students spent working alone increased. It also became apparent that the students demonstrated mixed reactions to the various levels of supervision. For example, it became clear that while students appreciated the opportunity to practice more independently with intermittent supervision, for this to translate into a positive and useful experience it must occur within a context where the student has adequate support and follow-up. For students who were left to work alone with little or no supervision or follow-up, meaningful engagement within practice to facilitate learning was limited. The provision of direct supervision by preceptors was appreciated by students and created opportunities for students to build confidence and discuss important points of practice as they occurred.

As a final component to student supervision, Stage 3 of the research investigated how students were supervised when working with PCAs. Not surprisingly, there appeared to be limited supervision by RN and EN preceptors when students were working with PCAs. RNs and ENs relied largely on receiving feedback from PCAs regarding the students. The absence of formal processes to monitor students practice with PCAs, coupled with time constraints which limited RNs capacity to engage with students directly meant that RN supervisors often relied on intermittent observation and anecdotal evidence from other staff, which could at times be third hand. Therefore, when considering future placement of students within an aged care environment the amount and quality of supervision provided by preceptors should be considered as integral to establishing a quality experience as the findings have indicated that this impacts on what students learn and consequently their impressions of the environment.

9. Student nurses experiences of working with elderly residents

Introduction

The nursing literature has long proclaimed that nursing students do not look forward to, nor enjoy participating in, clinical placements where they are required to provide care for older people (Happell, 1999a & 2002; Stevens & Crouch, 1992, 1998;). It would seem even the residents themselves represent a disincentive for the students, and contribute to their negative perceptions of aged care. It is also suggested that both student nurses and nurses working in aged care hold negative and ageist attitudes toward older people (Lookinland & Anson 1995; Söderhamn, Lindencrona & Gustavsson 2001). Moreover, research undertaken by Slevin (1991) found that nursing education did not improve the negative attitudes of students and that Registered Nurses were least positive in their attitudes to caring for the elderly as opposed to high school students and nursing students. Stevens and Crouch (1998) uncovered similar findings, which revealed that by the completion of their university education student nurses were attracted to the more technical areas of nursing practice, rather than caring for the elderly, which was considered repetitious, unchallenging and basic. Similarly, Happell (1999:505) also found that student nurses considered caring for the elderly as 'boring and unfulfilling'.

Nurse academics recognised that such attitudes were of concern particularly because as the Australian population ages the demand for health care will increase as will the need for skilled gerontological nurses. People aged over 65 are more likely to have chronic illnesses and disability and require health services which focus on long term care (Happell 2002). It is now recognised that clinical placements in residential aged care environments that will:

... provide students with greater opportunities to practice age-appropriate, individualised, holistic, nursing care and make the most informed decisions possible to meet a broad range of residents' and families' needs physically, psychologically, spiritually, environmentally, legally and financially (Chen, Melcher, Witucki & KcKibben, 2002).

A concern with realising the potential of residential aged care to facilitate positive learning experiences for student nurses and thereby promote their employment in the sector following graduation, provided a primary motivation to conduct the Building Connections in Aged Care project. Stage 1 of the project provided insights into the how the professional context of RACFs influences students' perceptions of the aged care environment and impacts on their practicum experiences. In particular, issues relevant to teaching and learning were explored. Stage 2 of the project sought to further understand students' perceptions of aged care. In Stage 3 of the Building Connections in Aged Care project students' experiences of interacting with residents were further investigated in order to gain a more comprehensive understanding of how these interactions impact on students' perceptions of working in the sector.

Confronting issues

Within Stage 2 of the project students raised concerns when confronted with residents' 'old bodies'. This finding was consistent with the earlier research which also highlighted students' initial shock when confronted with the realities of an aging body (Robinson et al. 2002). Within the Stage 2 cohort, 60% of students had no prior experience working in aged care as PCAs and as

such this was their first experience of providing care for elderly people. Not surprisingly, students shared comments which highlighted that working in the RACFs was a '*daunting*' experience, as was '*having to deal with ...old bodies*'. One student admitted that '*it was really scary*' while another expressed '*surprise*' at the fragility of elderly people's skin, recounting '*you don't want to hurt them. It's really strange.*'

In comparison 55% of students in Stage 1 had previously worked as PCAs in aged care. It is reasonable to assume that these students would have been more familiar with the bodies of elderly people and did not working in aged care such a confronting experience.

Within Stage 3 only 15 % of the student cohort had previously worked in an aged care facility. However, within this group the issue of dealing with '*old bodies*' was not raised as a significant concern. Of note, prior to commencing their clinical placement within the RACFs, the students involved in Stages 1 and 3 completed a clinical placement in an acute care hospital. It is inevitable that during this placement these students would have provided care to older patients. As such, they would have experienced a greater level of exposure to the physical realities of aging, when compared to their colleagues who were involved in Stage 2 of the project. Thus it would appear that the prior experience of students in caring for the elderly most probably has an impact on their initial reaction to residents within aged care.

An issue which confronted researchers within Stages 2 and 3 of the project was students' use of language, which at times described residents in ageist terms. Students from Stage 2 had not completed the second year unit Perspectives on Ageing and thus had no prior opportunity to explore and critique their ageist attitudes before commencing the practicum. Students involved in Stage 3 of the project had previously completed this unit and this was evident in the language used by this group, which was less ageist when compared to the Stage 2 cohort.

It was also evident in Stage 2 that some students considered the situation of residents within aged care to be very sad. They commented on the high level of dependency of residents and how nurses '*have to do everything*' for them. Issues surrounding quality of life of residents were also considered by students, and they were confronted by the fact that most residents' situation would not improve. As such, students viewed the nursing home as '*the last stop*'. However, in contrast it was not apparent that students within Stage 3 found the circumstances of residents depressing. In fact 100% of the students in Stage 3 responded that they had enjoyed working with elderly residents, an improvement from Stages 1 and 2 (see Figure 54).

Dealing with dementia

Students within Stage 1 of the research described confronting experiences when caring for people with dementia, which was consistent with findings from the Making Connections in Aged Care project (Robinson et al. 2002). This cohort reported being '*shocked and scared*' at times, while their preceptors reported being aware of the potential for inexperienced students to be '*apprehensive*' at the prospect of approaching residents with dementia. Indeed, a number commented that the students appeared '*very frightened and very wary*' of the residents. At the same time it was apparent that some students had difficulty understanding behaviour of residents with dementia. For example, one preceptor reported:

I noticed they [the students] were a little bit surprised with dementia patients ... we had a few [residents] that just scream, yell out all the time. One student just said 'oh my God, does she really do that all day?' I said 'Well yes, I'm sorry but she does.' And she [the student] couldn't understand that. She was like 'Oh, wow.' So I don't think she had actually understood dementia properly.

The research findings suggest that the preparation of students, prior to caring for people with dementia, is an important strategy which will assist them to make sense of their experiences. Preceptors reported that caring for people with dementia was part of their ordinary work load and that the taken for granted nature of this part of their work. This meant that on occasions preceptors

might ‘forget to explain’ to students that some residents were violent, or had challenging behaviour. One student recounted a situation where this occurred when she recounted:

... one of the carers said ‘Have they warned you about her? I said ‘What do you mean’ She said ‘Have they told you not to get too close because she hits?’... ‘No!’ Then I was really scared of her after that. It was very weird.

However, within Stage 2 of the project little reference was made by students feeling confronted by residents with dementia. However, with Stage 3 student cohort the issue of dementia was again revisited. These students reported that at times they found difficulty communicating with residents with dementia. For example one student recalled:

Not being able to communicate properly is difficult, especially when looking after residents that can’t talk to you, and who are totally dependant on you. You have to feed them and you don’t know if they have had enough. It’s just hard for them not being able to talk and being able to talk to them to get their feelings.

However despite this kind of challenge, the students were generally positive about their experience when working with this resident group. As one student explained:

I like working with the dementia residents because it is always changing. I think because they are sometimes hard to communicate with and that makes it challenging, you know you have to find another way to do it...a lot of my favourite [residents] have dementia.

Students also recognised that non-verbal communication was an equally important facet of interacting with dementia residents. As one student noted, ‘they pick up on body language and 90% of communication is body language.’

While these challenges punctuated students’ experiences in placement, the rewards of caring for people with dementia became evident through student comments. One student explained how even though it was ‘hard’ not knowing what residents were trying to communicate, she felt a certain sense of satisfaction when she was able to feed the resident and calm her. The student recounted:

... she doesn’t communicate. She cries all the time. I often have said to the RN’s and EN’s it’s a way of her expressing herself, and a couple of times I have fed her and she ate it all and the RN said you done a good job trying to get all that down. But she cries and I stroke her hand and comfort her and then she’ll just stop...

Similarly, other students reported that spending time with the residents was rewarding as it enabled them to become familiar with their idiosyncrasies and engage with them. One student highlighted this when she said:

...One of our residents she’s a very anxious person and so on Friday we spent most of the day with her. We went and had lunch with her and sat and talked and she was really appreciative.

Within Stage 3 some facilities also provided specific education sessions regarding dementia as a part of supporting the students. Students also discussed that when situations became stressful, it was important to have the support of a preceptor who could clarify what was happening. For example one student recalled:

That is something that I find confronting, when you have to crush up medications it and give it to them. I gave one lady her medications this morning and I was talking to her and gave her a drink. I don’t know if it was because she coughed, but she kind of spat the water back out at me and then she really started to cry like she howled and you could hear her up the corridor. I thought ‘Oh my god is it something that I have done’, but the RN said, ‘Oh no she does that all the time.’ I thought that maybe she didn’t want the water

In conclusion, from student comments it would appear that while they can find it stressful and challenging to care for people with dementia, with appropriate preparation and support, it can also be a useful and enjoyable experience.

Developing positive and valued relationships with residents

Despite the issues which confronted students across the three stages of the research overall their accounts, shared in the context of the research discussions, suggest that they enjoyed getting to know the residents and developing relationships with them. Consistent with the findings of the Making Connections in Aged Care research (Robinson et al. 2002), students acknowledged the importance of being able to spend time with the residents and develop relationships with their families. A student within Stage 2 of the project recounted how *'every time you come back to a shift you have got the same residents,'* which contrasted to her acute care experience where her relationships with patients were far more transient. Indeed, students valued *'getting to know'* the residents.

The importance of having continuity with residents, as highlighted in section 7, was appreciated by students as this facilitated a process whereby they could learn about their backgrounds and develop rapport. The relationships subsequently developed with residents contributed immensely to students' perceptions of elderly people and of working in residential aged care. For example, one student argued, *'It's been really good to get to know the residents more so than the clinical side of it, it's more personal in aged care.'* It was evident that getting to know residents as individuals with unique backgrounds was important and highly valued by the students.

Moreover, consistent with the findings of Robinson et al. (2002), as well as Stage 2 of the Building Connections in Aged Care Project (Robinson, Cubit, Venter, Jongeling, et al. 2004), in Stage 3 of the project students also demonstrated an impetus towards the provision of holistic nursing care to the residents, rather than maintaining a task oriented focus. As a process of getting to know the residents students also discussed their efforts to recognize the individual needs of the person, which at times they considered was absent from the nurses approach to care provision. One student explained:

Because their [RNs] emphasis is on giving drugs and dressing their [residents] wounds ... they don't have much emphasis at all on talking to them and making an effort in combing their hair, picking nice clothes for them to wear, which to them [residents] is way more important than what tablets they are getting...

It also became apparent that residents also enjoyed sharing their life stories with students, as one student in Stage 3 explained:

My lady, I gave her a little mini interview about her whole life story, not medical related but just where she grew up and all that stuff, a very interesting life, she has travelled everywhere ... By me being interested ...she said 'you make me feel like I have lived'.

Furthermore, the students' comments indicated that they felt comfortable in their interactions with residents in a homely environment, where they were not faced with the usual challenges associated with a hospital environment. This contributed to students' positive experiences. One student highlighted this in her comment:

I think having prac in aged care, from a student perspective, is really good because you find that unless a couple of them [residents] are having a bad day basically all the residents are really happy for you to have a go. They don't mind if you make a mistake or muddle something up because they're really happy for you to be there. It's like we're in their home which makes it all that more special, because in a hospital you're not used to being there and the patient isn't used to being there either, whereas this is the resident's home and they're here all the time... so it just makes it all that more special...

Within Stage 3 of the project the preceptors also recognised the benefits of having students interact with the residents. One preceptor explained:

It's a really positive thing for the residents, as well as the students. They'd sit for half an hour and just talk to a couple of our residents and that's the sort of thing. That's what these residents need, is that time...and we don't get that sort of time to sit down and talk with them... so that to me was a really positive thing...They seem interested in them and the residents get so excited that somebody is actually sitting down and listening to them...

Similarly, another preceptor reported that residents had told her 'that it's nice to have somebody to talk to us'. Thus it would appear that both students and residents gained benefit from their interactions. In fact it became obvious in Stage 3 of the project that relationships had developed between students and residents which were quite special. As one preceptor recounted:

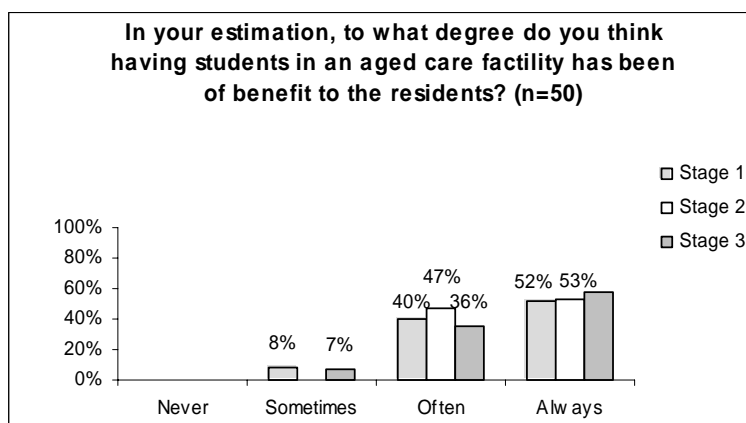
I know that my student has been loved. They've loved to see her walk in. They've had a wonderful time with her.

Moreover, another noted that 'the students have said that they are going to come back and visit the residents'. On the final day of the practicum a preceptor recalled how the residents would miss the students. One nurse explained:

..we [preceptor and student] made up a table and sat with them [residents] and the residents all clapped her and wished her well...and as the residents were leaving the room they were all going over and kissing her and the men were shaking her hand, [saying] please come back and visit us, so it was definitely positive.

The findings of the final evaluation support the above discussion. As Figure 53 (below) demonstrates, across all three stages of the project the preceptors noted the benefits for residents associated with having students in the facilities as very positive.

Figure 53: Students as a benefit to residents



Similarly, it would appear that a highlight of the students' practical experience was the residents themselves. When students in Stage 3 were asked to provide a final comment on their experiences in aged care the majority of their responses centred on their interactions with residents. For example, one student explained:

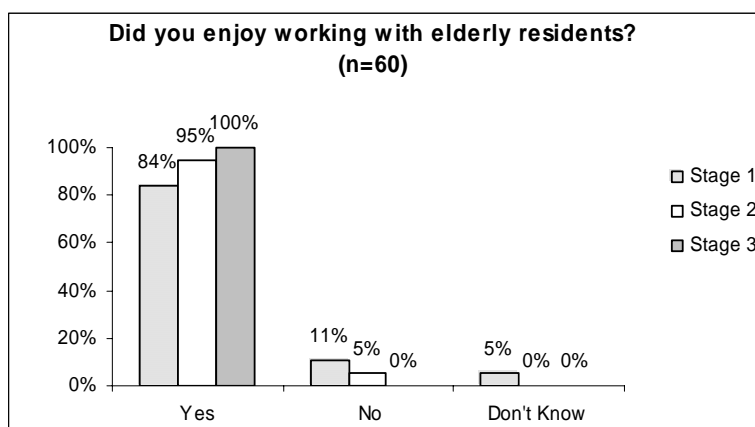
I think overall I would rate aged care probably more for the residents than the clinical aspect!

Another student agreed that a highlight of her placement had been, 'really getting to know some of the residents'. She went onto to explain that the residents:

... were saying to me today how much they are going to miss me when I go... [it's] just a really good feeling to know that you are making an impact in their life and how much they appreciate you.

Data collected from the students across the 3 Stages of the research (see to Figure 54 below), further supports this contention.

Figure 54: Students enjoy working with residents

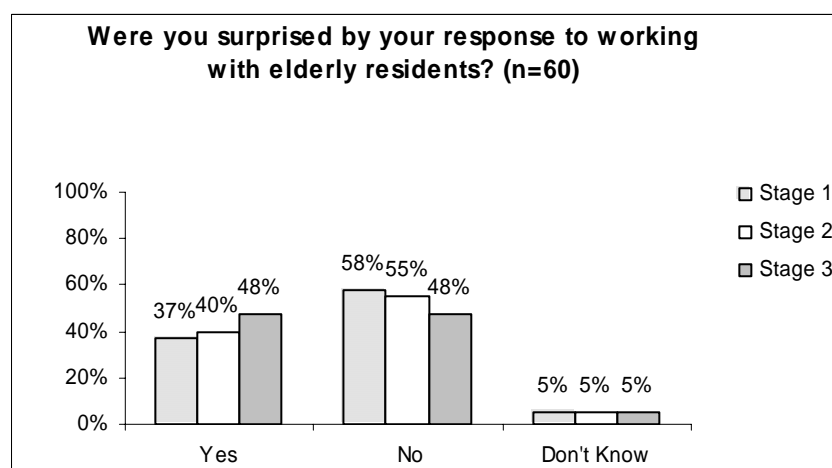


In fact, students within the Stage 3 cohort mentioned that because of their interactions with residents, their experience was far better than they initially expected. For example, one student stated:

It has been heaps better than what I thought it was going to be. Getting to know the residents and things have been really enjoyable. Just adds another dimension to nursing.

Similarly, another student stated 'I've just had a good experience in aged care. It's heaps better than what I thought it would be'. In fact 48% of the students were surprised by their response to working with elderly residents. This trend also occurred across Stages 1 and 2, as demonstrated in Figure 55 below.

Figure 55: Student surprise working with residents



These findings suggests that regardless of the students' clinical experiences in aged care, a key factor in determining their future career path relates to their experience of residents. This is significant because according to Sullivan (1991 in Fagerberg, Windbald & Elkman 2000) students are more likely to choose a career in aged care when they have a positive experience of caring for the elderly.

Summary

The findings of the Building Connections in Aged Care project challenge the position of other contemporary research which asserts that placing students in RACFs serves to reinforce negative attitudes towards the elderly and the work of caring for them. It is clearly the position of this research that when students are placed within a supportive environment where they feel part of the nursing team, have continuity with preceptor and residents, and are able to develop meaningful relationship with residents, it is possible to positively influence student attitudes towards working in aged care. While students do experience challenges associated with caring for residents with dementia and being confronted by the fragility of old residents and their bodies, on the whole students involved in the Building Connections in Aged Care project enjoyed working with the elderly. In their evaluations and comments students provided overwhelming evidence that elderly people constituted one of the most enjoyable aspects of their practical placement and were a major incentive for them to return to aged care nursing in the future.

10. Building capacity in aged care — Participation in the research

Introduction

The findings of the Building Connections in Aged Care project demonstrate significant benefits associated with developing strong collaborations between the residential aged care and university sectors. It is a cause also championed in the recent Review of Pricing Arrangements in Residential Aged Care (Hogan 2004:285), which called for closer links between the two sectors.

Association with the university opens up opportunities for staff in RACFs to access educational and research opportunities and thereby further develop evidenced based practice. The importance of aged care staff, having access to ongoing professional development opportunities is certainly highlighted in the literature. For example, Wade (1999) argues that staff in residential aged care will not deliver high quality person-centred care unless there is an opportunity for ongoing professional development. Similarly, Edwards et al. (2003:108) argue the importance of a 'diversity of educational experience' suggesting the need for staff to be involved in 'a coordinated program of continuing education'. Others argue that links between universities and RACFs enhance their potential as learning environments (Katz et al. 1995; Joy et al. 2000:1044), a position consistent with that preferred in the National Review of Nursing Education 2002 (Department of Education; Science and Training and Department of Health and Ageing 2002a). Similarly, Pricing Review identifies the need to develop an evidence base in aged care and new educational and training curricula, as well as providers taking a lead role to 'grow' their own staff through the use of innovative educational and training avenues. Indeed, the Review proffers the view that the 'aged care industry and individual providers take more ownership of the need to develop their workforce' (Hogan 2004:234).

The participation of the six aged care providers involved in this project and their ongoing support of students and nurse preceptors, as well as a commitment to contribute funding to Stage 3 of the research, are consistent with this intent. The structure of the Building Connections in Aged Care project is consistent with the suggestion put forward in the Pricing Review, which argues for 'closer involvement of the industry individually and in partnership arrangements with Government to share the funding of research and development projects for future workforce planning, training and education' in order to ensure the expeditious transfer of evidence into practice (Hogan 2004:234). The development of partnerships between the aged care industry and universities, such as that flourishing in the context of the Building Connections in Aged Care project, have increasing relevance to a contemporary aged care environment. Such collaborations are important because there is evidence to suggest that in the right circumstances, aged care facilities can indeed function as learning organizations (Chilvers & Jones 1997).

Building the capacity of RACFs as learning organizations reflects the intent of the Building Connections in Aged Care project, which employs an innovative and collaborative approach to assist the participating aged care providers to 'grow' their staff. A key finding highlighted in the project demonstrates the importance of aged care nurses having an opportunity to meet and discuss practice issues, both within their facilities and with colleagues from other RACFs. In this sense, participation in the research functioned not only as a capacity building exercise, but also as an effective strategy to break down the nurses' professional isolation.

Moreover, the ability of this research to encourage students to reconsider and challenge their understandings of aged care nursing (referred to previously) is a testament to the success of the fourth generation evaluation approach and ultimately the collaborative effort adopted between the six RACFs and the university. Throughout the course of the Building Connections in Aged Care project the researchers had an ongoing and intense involvement with students and nurses in the context of the research meetings. Indeed, the collaborative interactive methodology used to

facilitate the project supported the participants' sense of ownership and their desire to flesh out and address the issues raised.

As such, the Building Connections in Aged Care project can be seen as a material expression of the intent outlined in the Pricing Review and its calls for closer links between aged care and the university sector (Hogan 2004:285). The project represents a collaboration between Government, the aged care industry and the tertiary education sector to support the growth in the sector required to meet the ageing of the Australian population

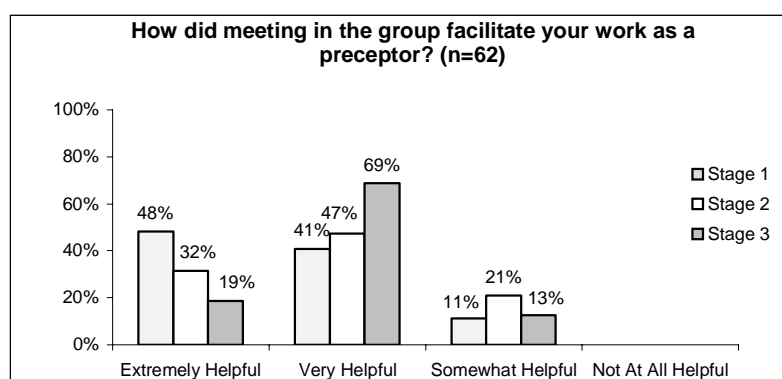
The value of meeting together

The findings of the three stages of the Building Connections in Aged Care project demonstrate that the preceptors had a high level of commitment to the project and received significant benefits as a result. Participation facilitated a process, which saw the nurses become more proactive in pursuing professional development opportunities.

The attendance rate indicates the preceptors found participation in the research meetings valuable. With the exception of RACFs 1 and 2 in Stage 3 of the project, attendance rates remained roughly consistent across regions and stages with an average of just under 80%, which is remarkable given that preceptors in the Northwest had to travel over 50Kms to attend meetings, and those in the South had to travel from the eastern to western shore of the Derwent river. This effort is all the more noteworthy because as the literature highlights, nurses struggle to leave their hospital wards to attend meetings within the facility (Robinson, 1995; Street and Robinson, 1995; Robinson & Street, in press), let alone travel to another facility some distance away, as was the case in this research.

Indeed, this finding is supported by the project evaluation, represented in Figure 56 below, which highlights that over 85% of the preceptors considered participation in the research meetings as either 'Extremely Helpful' or 'Very Helpful'.

Figure 56: Meeting to facilitate preceptorship



Similarly, the high attendance rate demonstrates the commitment of the preceptors' employers to the project and its focus in developing key sites of teaching and research in aged care in Tasmania. Indeed, it was their employers who facilitated their participation and travel to meetings, as well as providing the necessary infrastructure to make this possible.

The importance of meeting together

The findings across the three stages of the project also highlight the importance of aged care nurses having an opportunity to meet and discuss practice issues, both within their facilities and with colleagues from other RACFs. Over the course of a normal working day nurses practicing in the sector have few opportunities to interact with their colleagues. They work in relative isolation in a

context characterised by a limited professional engagement or networks into the wider aged care sector. Indeed, in Stage 1 of the project the nurses spoke of being *'like ships in the night'* within their facilities. It is likely that the staffing constraints associated with the funding model applied to aged care mean that on a day-to-day basis nurses working in the sector primarily interact with unregulated workers who have minimal training (PCAs) and no professional base. This has created a situation where these nurses have limited opportunities to interact with their professional colleagues.

The preceptors' comments, made in the context of the research meetings, indicate that they greatly appreciated the opportunity to meet and discuss issues with their colleagues from another RACF. Preceptors identified that meeting in groups and engaging in professional development activities with a collaborative imperative to improve practice, as a highly significant positive outcome of the research. One preceptor pointed out:

I think its given us a different perspective, a different dimension to our routine of work like it's sort of broadened our horizon a bit you know from the routine, so that's quite good.

Another preceptor explained how breaking down feelings of professional isolation also acted as a motivating factor for her to continue within her role as preceptor, when she said:

Sometimes for me it [participation in the research meetings] has reinforced the way that I have been feeling, just listening to other girls that are involved in the programme, what they have been doing and how it has been going and how their students are. Its nice to be able to sit around the table and talk about these things. A lot of the time it encourages you and you think, 'I will keep going on with this because this has been enjoyable'.

Indeed, the data indicates that participation in the project was the first time these nurses had met with colleagues from another RACF in a professional context. While there are well-developed networks among managers and senior staff in aged care, it is apparent that such networks do not extend to nurses 'working on the floor'. In this sense the findings of Stage 1 provide a fascinating insight into the relative isolation of aged care nurses and their limited opportunity to network with colleagues.

The importance of such networks is evident in the study findings, which indicate that having the opportunity to meet their colleagues, both within and across facilities, provided a key impetus for professional development among the nurses. As highlighted in the above account, benefits accrue when nurses working in different contexts come together to compare issues in their respective facilities and collaborate to develop and implement strategies to promote best practice. In this study such developments were apparent not only in their sharing strategies to promote teaching and learning across facilities, but also a resolve on the part of at least two of the groups to pool resources to develop a collaborative professional development in-service program — a development reported in Stage 1 of the project.

Such developments assist in breaking down what appears to be a pervasive, yet largely unrecognised, professional isolation of nurses working in the sector. Moreover, in a sector that is reported to be struggling financially (Hockley & Frenkel, 2004), pooling resources across facilities to promote and facilitate nurses' engagement in professional development activities, has the potential to develop significant financial benefits, which should help build sustainability.

As such the findings demonstrate that significant benefits accrue when nurses working in different RACFs come together to compare issues in their respective facilities and collaborate to develop and implement strategies to promote best practice.

Improving knowledge and confidence

A key focus of the Building Connections in Aged Care project is to build capacity among aged care nurses, particularly in relation to their role and function as preceptors working with students. The

findings reveal that participation in the research had a very positive impact on the preceptors' knowledge and confidence. Indeed, they indicate the nurses found the research meetings valuable and rated the ability to share and discuss aspects of their experience as preceptors working with students as important. As outlined previously, the evaluation demonstrated that they found participation in the research meetings valuable with around 90% assessing participation as 'Extremely/Very Valuable'.⁸⁹ The evaluation also illustrated that through participation in the project the nurses' confidence in being a preceptor also improved significantly, with around 75% of participants saying this was definitely the case (see Figure 57 below). With respect to increased knowledge, around 80% of the participants rated that participation in the research had definitely improved their knowledge of being a preceptor (see Figure 58 below).

Figure 57: Confidence in being a preceptor

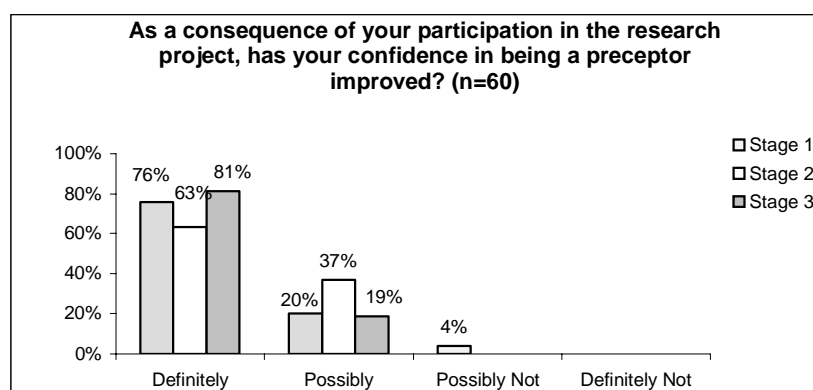
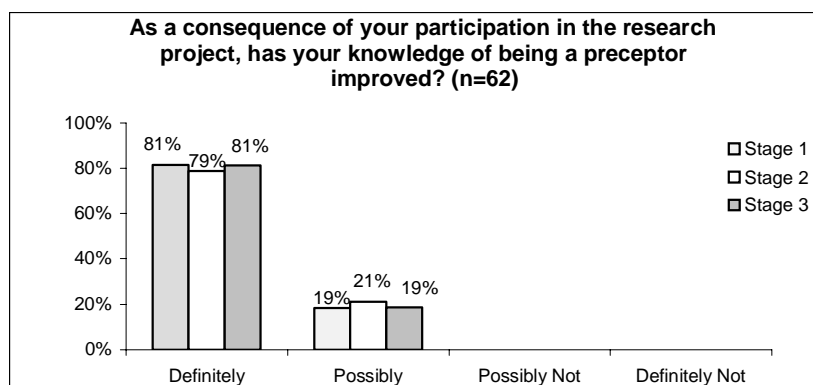


Figure 58: Knowledge of being a preceptor



Indeed, preceptor comments supported the above findings. For some nurses their increase in confidence in being a preceptor was a highlight of their participation in the research. For example one preceptor commented:

A part of me does seem to really believe that our confidence has a lot to contribute to the positiveness of these students because we, what we are offering is far more confident from us... I think this time around I am doing a lot better job with the student.

Another preceptor agreed, saying:

Well I've found this time for me, I've been more confident and I've managed my time better and I've managed their time better and its just all clicked ...I've had a great time, much more confident this time around.

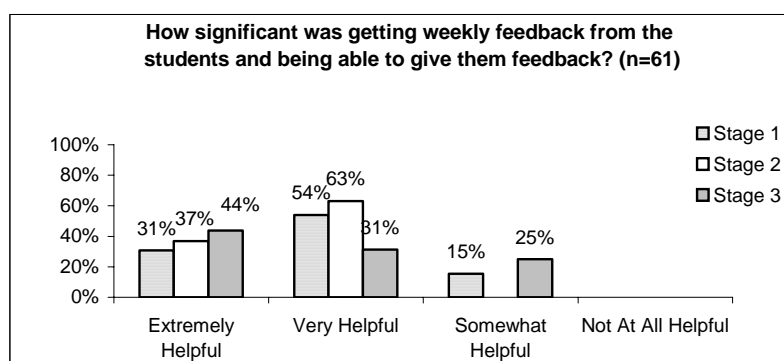
⁸⁹ See. Figure 5, P 44 Section 3 Research Design

Similarly, other preceptors indicated that ‘*communicating with each other*’ was one highlight of participation in the research and that through meeting with colleagues from other facilities this fostered a process of ‘*learning from each other*’. One preceptor explained:

It’s been really good because you hear what other people are doing and sort of how they’re going and you pick up on good things... ‘oh that’s a good idea’.

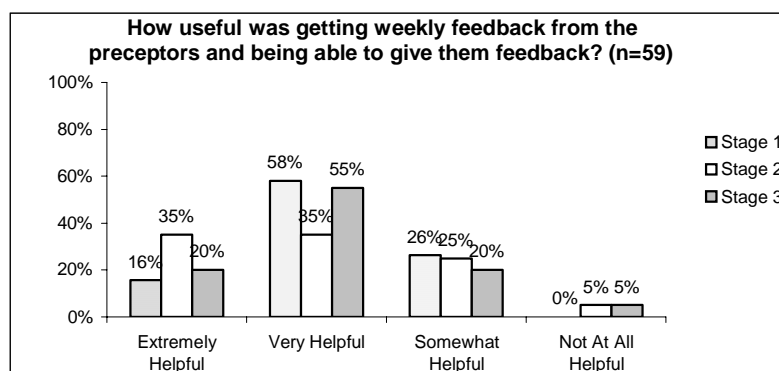
Furthermore, the collaborative approach implicit in the Fourth Generation Evaluation methodology, supported the participants’ sense of ownership and their desire to flesh out and address the issues raised. The interactive processes facilitated through methodology were also seen to be a positive element of the research meetings. For example, across the three stages of the project over 85% of preceptors rated having access to student feedback as ‘Extremely/Very Helpful’ (see Figure 59 below)

Figure 59: Significance of feedback - Preceptors



Students also found participation in the research meetings helpful. As outlined in Section 3 (P. 45) around 75% of student participants rated participation in the meetings as ‘Extremely/Very Helpful’. Similarly, like their preceptor counterparts, the students also reported that having access to the preceptors feedback was valuable. with a similar number, with around 75%, citing this as ‘Extremely/Very Helpful’ (see Figure 60 below)

Figure 60: Significance of feedback - Students

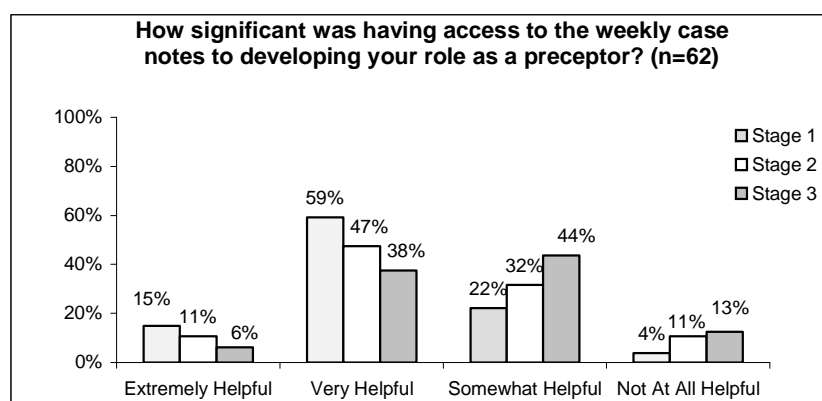


The effectiveness of the case notes in facilitating the research is more variable. Problems with the use of IT resources in the project, outlined in Page 32 Section 3, undermined the participants access to the case notes, which in turn reduced their usefulness. In other words, the usefulness of the case notes was compromised when access was delayed, such that preceptors and students did not receive the respective notes until some time after or immediately preceding each subsequent meeting. This severely limited, or made impossible the preceptors’ and students’ ability to revisit the discussions that took place at the previous weeks meeting and critically reflect on the issues raised. Consequently, on many occasions the case notes did not inform the discussions that took place at the next weeks meetings.

This was a significant problem because having access to the case notes provided the students and preceptors an opportunity to revisit their research narratives, critically reflect on the issues raised, and develop new understandings of the issues around facilitating teaching and learning in the RACFs. The intent was that the research meetings would open a critical dialogic space where the participants could move beyond giving voice to their frustrations, to a consideration of the various cultural politics, organisational arrangements, and nursing practices which impacted on the capacity of the RACFs to provide supportive educational environment for under-graduate nursing students. Having timely access to the case notes was integral to this process.

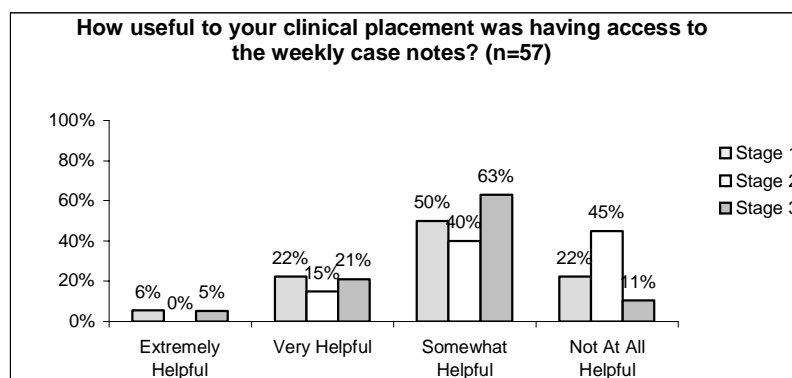
As such, while only less than 10% of preceptors across the three stages assessed the case notes as 'Not at all helpful' and while around 60% found them either 'Extremely Helpful' or 'Very Helpful', the fact that around 30% of participants reported them as 'Somewhat Helpful' in part reflects the variable degree of access. In Stage 3 this was a particular issue as the university firewall proved to be a particularly intractable barrier to participants in the nursing homes gaining access to the university website (see Figure 61).

Figure 61: Preceptors - Usefulness of case notes



Alternatively, it was apparent that students, as members of the university, did not experience similar problems. Yet despite the students having on the whole better access to the case notes than their preceptors, the evaluation indicates that they did not find them an especially valuable resource. This most probably relates to, not only the problems they experienced in gaining timely access to the notes, but also the fact that they were in the placement for only three weeks and consequently only received two copies of the notes which addressed the research discussion in Weeks 1 and 2.⁹⁰ This meant the students had, at best limited, opportunity to develop a sense of worth with respect to the case notes. Interestingly, in Stage 2, when occurred the greatest problems with the FTP site, over 80% students reported that the case notes were of limited or no use (see Figure 62 below).

⁹⁰ Students were sent the case notes for the third weeks discussion, which was held on the last Thursday of the practicum, but received these following its completion.

Figure 62: Students - Usefulness of case notes

In contrast to the students, the preceptors received the notes on four occasions during Stages 1 and 2 and three occasions in Stage 3. Combined with the fact that a significant number of preceptors stayed in the project for over two or more stages, this meant they could engage with the case notes as a methodological device in a more substantive way.

Working with students

The literature highlights the potential associated with having student's placement in residential care facilities. For example, the Making Connections in Aged Care project (Robinson et al. 2002), illustrated that students can have a positive learning experience and develop their clinical knowledge, skills and competence. Similarly, Chen et al. (2001:57-58) suggest that there are potentially many learning opportunities for students nurses on placement in aged care contexts including 'basic psychomotor skills, communication skills, physical and psychological assessment, safety concerns, patient education and the development of positive attitudes about the ageing process'. Moreover, (Happell and Brooker 2001:17) suggest that the involvement of students in the sector offers clinicians the 'opportunity to present the unique and specialised functions of their role' as aged care nurses.

Within the context of their participation in research meetings facilitated by a feedback loop between the participants, the findings of the Building Connections in Aged Care project also indicate that the very act of working with students provoked the nurses' involvement in professional development activities and an aspiration to improve their practice. Indeed, similar to the Making Connections in Aged Care project, the findings indicate that the nurses found working with students a rewarding experience. The project evaluations demonstrate that working with students provoked the nurses to become more active learners (see Figure 63 below), and to critically reflect on their practice (see Figure 64 below).

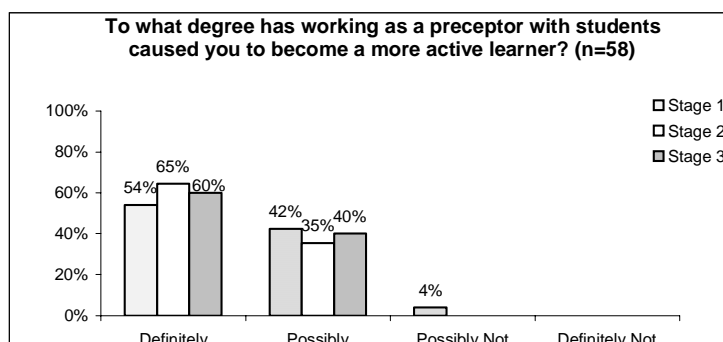
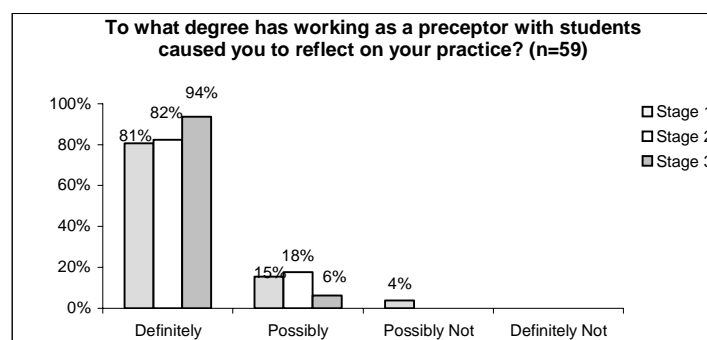
Figure 63: Active Learning

Figure 64: Reflection on Practice

Such findings were also supported by the qualitative data. For example, in Stage 1 of the project which represented the first time most of these participants had worked explicitly as preceptors with under-graduate nursing students in aged care, one commented *'It has been good in the fact that you have got to check what you are doing all the time'*. Similarly, another suggested that when asked questions by students *'we have to like, jog our memory because after a while you forget the details'*. Indeed, some preceptors in this stage reported that a result of having the students was that they were able to keep their own practice current. As one preceptor commented, *'It is like doing a refresher all the time'*. Students also recognised that they provided an impetus to improve practice. As one student argued, *'They are about to do something then they look and realise we are watching and they better do it properly.'* Similar comments were reported in the other stages of the project. For example, in Stage 3 preceptors commented in several meetings how working with students required them to stay *'on their toes'*. One preceptor noted the benefits of working with students when she explained:

you sort of think, 'oh am I teaching them the right thing?' you know cause I mean things change and no one told us that they don't do it that way any more or that this is a better way.

Within the meetings another preceptor agreed with this comments by adding that throughout the students' placement she had *'looked up more so that I could teach the students best practice'*.

Summary

Across the three stages of the Building Connections in Aged care project, preceptors demonstrated a high level of commitment to the research and received significant benefits as a result of their participation. The findings revealed that participation in the research had a positive impact on preceptors' knowledge and confidence levels in their role. Furthermore, the presence of students within facilities encouraged preceptors to reflect on their own practice and seek further learning opportunities. In one respect, students acted as a stimulus for nurses to revisit and improve their practice.

Throughout the three stages of the research 85% of the preceptors considered the research meetings 'Extremely Helpful' or 'Very Helpful'. As such, the findings highlight that having the opportunity to meet and discuss practice issues acted as a capacity building exercise and an effective strategy to break down the nurses' professional isolation. This is important as such meetings assist in the process of building closer links between the university and residential aged care sector – in line with recommendations from the Pricing Review (Hogan 2004). They also assist nurses 'working on the floor' to develop professional networks crucial to creating an impetus for ongoing information sharing and professional development. Indeed, the project findings indicate that when nurses from different contexts have the opportunity to meet and discuss issues with a collaborative intent, strategies to promote best practice can be implemented and relationships can be established between facilities to pool resources and continue professional development of staff.

Additionally, preceptors further supported the collaborative intent of the research, as they indicated that having access to weekly student feedback via the case notes was valuable. The students also voiced the same sentiment. However, the effectiveness of case notes in facilitating the research process was found to contain significant problems, particularly relevant to an aged care context. Across the three stages of the Building Connections in Aged Care research there appeared significant issues with regard to IT infrastructure within RACFs and the IT literacy among preceptors. This undermined participants' access to case notes and consequently the potential of case notes to facilitate the research was not fully realised especially in Stage 3. As a result of these findings, it is essential that the IT infrastructure and literacy levels of staff be re-examined. Nurse's ability to interact with such technology is a key component to continuing professional development within and between RACFs.

11. Appendices

Appendix 1: Methodology: Fourth generation evaluation

Methodological Approach

The project utilised a 4th generation evaluation methodology (Guba and Lincoln 1989:72-74). This involved the formation of three groups of registered nurse preceptors and three groups of student nurses on clinical placements in the six RCFs. This approach was employed to facilitate communication (McGuiness and Wadsworth 1991) between the students and their preceptors because previous research has demonstrated this process to be very effective in facilitating teaching and learning in practice (Robinson et al. 1999).

To implement the method, students and preceptors met in separate, parallel groups on a weekly basis throughout the 3-week practicum. Sessional project officers employed by the School of Nursing & Midwifery participated in both student and preceptors groups in each RCF and in the research group was structured according to a series of ground rules Giroux, (1988:72) based on the assumptions that all members:

- have an equal right and opportunity to speak;
- respect each other's right to speak;
- have a sense that it is safe to speak; and
- that ideas raised in the context of discussion are both tolerated and are subjected to 'rational' critique.

Central to this process is the development of the inclination to trust each other, to value the sharing of different perspectives and an abiding commitment to improvement (Giroux 1988). Inevitably, participation in the research meetings involved the members of both groups engaging in a dialogue of their experiences of either working as a preceptor or being preceptored. Such meetings engaged the participants in a process of reciprocal dialogue which Young (1997:91) argues provokes consciousness raising and empowerment. She suggests that such encounters involve a 'give and take of discussion, [where] participants construct an understanding of their ... lives as socially constructed, constrained in similar ways to that of others by institutional structures, power relations, cultural assumptions, or economic forces'. By engaging in this process, groups with common interests and concerns, like the students involved in a clinical practicum in a RCF, theorise their social account by 'moving back and forth between individual life stories and social analysis to confirm or disconfirm both' (Young 1997:91). Indeed, telling stories of practice is central to such dialogic encounters.

Storytelling has long been used as an educational technique, and more recently in nursing research (Bowles 1995; Nehls 1995; Kirkpatrick et al. 1997; Fassett and Gallagher 1998). Deconstructive therapists Michael White and David Epston argue that the very act of telling stories opens up possibilities for change because they 'dislodge[s] people from certain familiar and taken-for-granted notions about problems' (Epston and White 1992:13) and their personal implication in their construction. In research projects such as this, storytelling represents an important means by which habit, ritual and taken-for-granted understandings, being recast as the extra-ordinary and unfamiliar (Epston and White 1992). As such, the telling of stories of practice provides a vehicle through which we can re-interpret our experiences, (White 1992b:80), or in the case of this study, a vehicle by which students can

reconsider their work with elderly people in an RCF and a preceptor might reconceptualise their role teaching students. However, it is important to recognise that such stories must be told and retold, for they are always only ‘partially tellable’ (Howard 1991:192), indeterminate and characterised by a degrees of ‘ambiguity and uncertainty... inconsistencies and contradictions’ (White 1992b:82). This is important because the process of retelling of stories provokes critical reflection on experiences, issues and the conditions, which constrain and disable people from taking action to change their worlds. In turn this opens up possibilities for an alternative narrative to emerge as people separate themselves from dominant ‘totalising’ (White 1992a:125) stories that constitute their lives.

In the context of the project research meetings, both preceptors and students had an opportunity to participate in a process of telling and retelling their accounts of working with each other in the RCF. Through this process they created sets of research narratives that provoked them to critically reflect upon their situation and the constraining conditions. This was important because as Smyth and Shacklock (1998:6) suggest critical reflection upon the ‘constraining conditions is the key to the empowerment ‘capacities’ of research and the fulfilment of its agenda’. As outlined above, critical reflection was facilitated by returning to the participants’ case notes of the last research meeting, prior to the next. Returning to the notes was important because the reciprocity inherent in the free flow of discussion and narrative within research groups is enhanced by the participants being accorded a right of access to all data generated during the project. This opens up further opportunities to engage in collaborative theorising and the negotiation of meaning which ‘helps build reciprocity’ (Lather 1991:61) and by implication, possibilities for developing new understandings of teaching and learning in aged care.

Prior to this clinical placement, what was the likelihood that you would consider working in aged care following your graduation?

Definitely Possibly Possibly not Definitely not

Part B

B) PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1. Did you request to come on clinical placement in an aged care facility
(Circle appropriate response)**

Yes No

Please explain you reason for answering yes or no

- 2. How would you describe your response when you found out you would be on placement in an aged care facility
(Circle appropriate response)**

Very happy happy neutral unhappy very unhappy

- 3. What sort of activities do you think you will be involved in while on prac in residential aged care (please specify)**

- 4. Are you looking forward to working with elderly residents in the facility
(Circle appropriate response)**

Very happy happy neutral unhappy very unhappy

**5. In your previous clinical placements did you find the nurses you worked with:
(Circle appropriate response)**

- | | | | | |
|---------------------|------------|---------|--------------|-------------------|
| (1) Very helpful | helpful | neutral | unhelpful | very unhelpful |
| (2) Very supportive | supportive | neutral | unsupportive | very unsupportive |
| (3) Very friendly | friendly | neutral | unfriendly | very unfriendly |

**6. Following graduation would you consider working in aged care
(Circle appropriate response)**

Definitely	possibly	possibly not	definitely not
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Appendix 3: RN/EN Initial Evaluation



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RESIDENTIAL AGED CARE PRECEPTOR PROJECT

STAGE 3

RN/EN Initial Evaluation September 2004

A) PARTICIPANT INFORMATION (PLEASE CIRCLE APPROPRIATE RESPONSE)

Is this your first time in the project Yes No

Region? NW N S

In what capacity do you work in the aged care facility?

	RN	EN	ECA	
Years working in aged care?	<1yr	1-5yrs	6- 10 yr	>10yrs

Years working in this facility?	<1yr	1-5yrs	6- 10 yrs	>10yrs
---------------------------------	------	--------	-----------	--------

Experience as an RN,EN/ECA?:	<1yr	1-5yrs	6-10yrs	>10yrs
------------------------------	------	--------	---------	--------

Your Age?	20-25yrs, 41-45yrs,	26-30yrs, >45yrs.	30-35yrs,	36-40yrs,
-----------	------------------------	----------------------	-----------	-----------

Do you have any post-registration qualifications?

Yes No N/A

If Yes, please specify

Do you have prior training as a preceptor?

Yes

No

If Yes, please specify

B) PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1. With whom have you previously worked as a preceptor? Please mark the appropriate box(es)**

ECA ☐

Student Enrolled Nurse ☐

1st year student nurse ☐

2nd year student nurse ☐

3rd year student nurse ☐

Re-entry RN ☐

New RN ☐

New EN ☐

Other (please specify) ☐

- 2. Have you previously been preceptored by another nurse**

Yes

No

If yes please specify

- 3. Please list the attributes/qualities that you consider important in a good preceptor.**

- 4. Please list the attributes/qualities that you consider important in a good preceptee/student.**

- 5. What issues can you identify as:**

- a) facilitating your role as a preceptor**

- b) undermining your role as a preceptor**

- 6. What concerns do you have with respect to your own ability to preceptor 2nd year nursing students who are on their first clinical placement?**

- 7. Please write down three of more expectations for your own learning as a consequence of your participation in the research project.**

- c)**

- d)**

- e)**

- f)**

8. Is there anything else that you want to add?

Appendix 4: Student Nurse Initial Evaluation – Part 2

RESIDENTIAL AGED CARE PRECEPTOR PROJECT

Student Nurse Initial Evaluation September 2004

Part Two

1. When you arrived in the aged care facility were made to feel comfortable and welcome

Very welcome

welcome

unwelcome

very unwelcome

2. How did this make you feel?

3. When you arrived on the aged care ward did you preceptor know you were coming?

Yes

No

4. How did this make you feel?

**5. Following graduation would you consider working in aged care
(Circle appropriate response)**

Definitely

possibly

possibly not

definitely not

Appendix 5: Orientation Checklist – Student



UNIVERSITY
OF TASMANIA

Building Connections in Aged Care

Orientation Checklist – Student

September 2004

Facility: Karingal

M St V

QVH

Vaucluse

LPHA

Manor

Please tick the appropriate response

On your orientation day to the facility were you:

	YES	NO
Did one person coordinate your orientation?	<input type="checkbox"/>	<input type="checkbox"/>
• Introduced to:		
○ the Director of Nursing	<input type="checkbox"/>	<input type="checkbox"/>
○ Other RNs	<input type="checkbox"/>	<input type="checkbox"/>
○ ENs	<input type="checkbox"/>	<input type="checkbox"/>
○ ECAs	<input type="checkbox"/>	<input type="checkbox"/>
○ Domestic & catering staff	<input type="checkbox"/>	<input type="checkbox"/>
• Shown you where to put your bag	<input type="checkbox"/>	<input type="checkbox"/>
• Shown where the toilets are	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO

- | | | |
|--|--------------------------|--------------------------|
| • Shown the tea room | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told how the shift would be organised – routines | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told when and where you will have meal breaks | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what to do in the event of fire or emergency | <input type="checkbox"/> | <input type="checkbox"/> |
| • Shown where the fire exits are | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what to do when the phone rings | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what the smoking policy is | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told where you can access computing | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what books/resources are available & where | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what times the shifts finish | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what time the shifts start | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what to do if you are running late or can't work that shift | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what to do if I feel sick on a shift & need to go home | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what to do if you need to go home early | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told what to if you are feeling anxious or upset | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told who to contact if hurt yourself | <input type="checkbox"/> | <input type="checkbox"/> |
| • Told where you can access a telephone to make a call | <input type="checkbox"/> | <input type="checkbox"/> |
| • Given an orientation to the unit/area (walk around) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Given an overview of manual handling and lifting policy | <input type="checkbox"/> | <input type="checkbox"/> |

B) PLEASE ANSWER THE FOLLOWING QUESTIONS

1. **Was working in the residential care facility what you expected?**

(Circle appropriate response)

Yes

No

Don't Know

Please explain

2. **Did you enjoy working with elderly residents?**

Yes

No

Don't Know

3. **Were you surprised by your response to working with elderly residents**

Yes

No

Don't Know

Please explain

4. **How did meeting in the research group each week contribute to your clinical experience?**

(Circle appropriate response)

Extremely helpful

very helpful

somewhat helpful

not at all helpful

Please explain

5. **How useful to your clinical placement was having access to the weekly case notes?**

(Circle appropriate response)

Extremely helpful

very helpful

somewhat helpful

not at all helpful

Please explain

- 6. How useful was getting weekly feedback from the preceptors and being able to give them feedback?**

Extremely helpful very helpful somewhat helpful. not at all helpful

Please explain

- 7. In this clinical placement did you find your nurse preceptors:**

(Circle appropriate response)

(1) Very helpful helpful neutral unhelpful very unhelpful

(2) Very supportive supportive neutral unsupportive very unsupportive

(3) Very friendly friendly neutral unfriendly very unfriendly

How did this make you feel?

- 8. In this clinical placement did you find the ECAs you worked with:**

(Circle appropriate response)

(1) Very helpful helpful neutral unhelpful very unhelpful

(2) Very supportive supportive neutral unsupportive very unsupportive

(3) Very friendly friendly neutral unfriendly very unfriendly

How did this make you feel?

9. **Following graduation would you consider working in aged care**
(Circle appropriate response)

Definitely possibly possibly not definitely not

10. **Please rate how important each of the following statements is in deciding if you would work in aged care following graduation.**

Rating scale

1. Very Important
2. Important
3. Uncertain
4. Unimportant
5. Very Unimportant

Please circle appropriate response below

a) Opportunities for autonomous practice	1	2	3	4	5
b) Being responsible for over 30 residents on a shift (work load)	1	2	3	4	5
c) Availability of flexible working hours	1	2	3	4	5
d) Ready availability of work	1	2	3	4	5
e) Ready availability of part time work	1	2	3	4	5
f) The opportunity to work with elderly people	1	2	3	4	5
g) The ability to provide continuity of care	1	2	3	4	5
h) The low professional status of aged care	1	2	3	4	5
i) The need for acute care experience first	1	2	3	4	5
j) The more administrative focus of the RN role in aged care	1	2	3	4	5
k) The ability to work with residents families over time	1	2	3	4	5
l) The lower salaries paid to RNs in aged care	1	2	3	4	5
m) Any other comments					

11. Please list the most enjoyable aspects of this experience?

12. Please list the least enjoyable aspects of this experience?

Appendix 7: Student Survey Stage 2 October 2004



Tasmanian School of Nursing — Aged Care Preceptor Project

Student Survey STAGE 3 October 04 CONFIDENTIAL

Please circle

Karingal Mt St Vs QVH Vacluse LPHA Manor

Note: In this survey, the term preceptor refers to preceptors who are participating in the research project. The term student refers to student nurses undertaking clinical practice.

Strongly Disagree(1)
Disagree (2)
Uncertain(3)
Agree (4)
Strongly Agree(5)

↓ ↓ ↓ ↓ ↓

Please circle one of the following indicators for each of these questions						
Q1	The preceptors were effective in welcoming me to the unit	Q1	5	4	3	2 1
Q2	My preceptors introduced me to fellow staff and patients	Q2	5	4	3	2 1
Q3	My preceptors facilitated my acceptance on the unit	Q3	5	4	3	2 1
Q4	My preceptors acknowledged my prior experience when structuring teaching and learning opportunities	Q4	5	4	3	2 1
Q5	My preceptors assisted me to make decisions about my learning objectives/needs	Q5	5	4	3	2 1
Q6	My preceptors helped me identify strategies to meet my learning objectives/needs	Q6	5	4	3	2 1
Q7	My preceptors encouraged me to be an active learner (eg to seek information from the library, negotiate learning opportunities)	Q7	5	4	3	2 1
Q8	I feel more confident about my nursing practice	Q8	5	4	3	2 1
Q9	My preceptors actively looked for opportunities to optimise my teaching and learning	Q9	5	4	3	2 1
Q10	Through working with my preceptor, he/ she gained useful information on the organization of the undergraduate curriculum	Q10	5	4	3	2 1
Q11	After this practice experience, I feel more confident about my competence in practice	Q11	5	4	3	2 1
Q12	When asked, my preceptor assessed my skills effectively	Q12	5	4	3	2 1
Q13	I received constructive feedback from my preceptors	Q13	5	4	3	2 1
Q14	I feel more positive about working with a preceptor than I did before	Q14	5	4	3	2 1

Appendix 8: RN/EN Final Evaluation October 2004



UNIVERSITY
OF TASMANIA

RESIDENTIAL AGED CARE PRECEPTOR PROJECT

STAGE 3

RN/EN Final Evaluation October 2004

A) PARTICIPANT INFORMATION (PLEASE CIRCLE APPROPRIATE RESPONSE)

Is this your first time in the project Yes No

B) PLEASE ANSWER THE FOLLOWING QUESTIONS

1. **How did meeting in the group facilitate your work as a preceptor?**

Extremely helpful very helpful somewhat helpful not at all helpful

Please explain

2. **How significant was having access to the weekly case notes to developing your role as a preceptor?**

Extremely helpful very helpful somewhat helpful not at all helpful

Please explain

- 3. How significant was getting weekly feedback from the students and being able to give them feedback?**

Extremely helpful very helpful somewhat helpful. not at all helpful

Please explain

- 4. As a consequence of your participation in the research project, has your knowledge of being a preceptor improved**

Definitely possibly possibly not definitely not

Please explain

- 5. As a consequence of your participation in the research project, has your confidence in being a preceptor improved**

Definitely possibly possibly not definitely not

Please explain

- 6. To what degree has working as a preceptor with students caused you to reflect on you practice?**

Definitely possibly possibly not definitely not

Please explain

- 7. To what extent has working as a preceptor with students caused you to become a more active learner?**

Definitely possibly possibly not definitely not

Please explain

- 8. Was working as a preceptor with students what you expected?**

Yes No Don't Know

Please explain

- 9. Please list the most enjoyable aspects of your experience as a preceptor?**

- 10. Please list the least enjoyable aspects of your experience as a preceptor?**

- 11. In your estimation to what degree do you think having students in aged care facility has been of benefit to the residents?**

Never

Sometimes

Often

Always

Please explain

Appendix 9: Preceptor Survey Stage 3 October 2004



UNIVERSITY
OF TASMANIA

Tasmanian School of Nursing — Aged Care Preceptor Project

Preceptor Survey

STAGE 3 October 04

CONFIDENTIAL

Please circle

Karingal Mt St Vs QVH Vacluse LPHA Manor

NOTE: In this survey, the term preceptor refers to preceptors who are participating in the research project. The term student refers to nursing students undertaking clinical practice

Strongly Disagree(1)
Disagree (2)
Uncertain (3)
Agree (4)
Strongly Agree(5)

↓ ↓ ↓ ↓ ↓

Please circle ONE of the following indicators for each of these questions.

Q1	As a preceptor, I feel confident in welcoming students into the unit	Q1	5	4	3	2	1
Q2	As a preceptor, I am effective in introducing students to fellow staff and patients	Q2	5	4	3	2	1
Q3	I facilitated the student's acceptance on the unit	Q3	5	4	3	2	1
Q4	I am able to acknowledge the student's prior experience to more effectively structure teaching and learning opportunities	Q4	5	4	3	2	1
Q5	I am able to assist the student to make decisions about learning objectives/needs	Q5	5	4	3	2	1
Q6	I can facilitate the students in finding strategies to meet learning objectives/needs	Q6	5	4	3	2	1
Q7	I have the ability to encourage students to be active learners (eg to seek information from the library, negotiate learning opportunities)	Q7	5	4	3	2	1
Q8	I have the ability to support students to develop their competence in practice	Q8	5	4	3	2	1
Q9	I actively look for opportunities to optimise the teaching and learning of students	Q9	5	4	3	2	1
Q10	Working with students supported the development of my knowledge of the undergraduate curriculum	Q10	5	4	3	2	1
Q11	After this experience, I think the students feel more confident in practice	Q11	5	4	3	2	1
Q12	When asked, I felt confident assessing the students skills	Q12	5	4	3	2	1
Q13	I am able to provide constructive feedback to the students	Q13	5	4	3	2	1
Q14	Working with students has made me feel much more positive about being a preceptor than I did before	Q14	5	4	3	2	1
Q15	Having the opportunity to work as a preceptor made me feel more valued as a Registered Nurse/ Enrolled Nurse	Q15	5	4	3	2	1

Appendix 10: Supervision and Placement Activities Log

Building Connections in Aged Care

Stage Three



Student Instructions for Completing the Supervision and Placement Activities Log

As part of your involvement in this study we would like you to complete this supervisor and placement log as completely as possible. This data will be used to further develop teaching and learning strategies within residential aged care facilities.

For each hour of each day you need to record whom you worked with/ were supervised by and the activities you undertook. Below are two tables providing you with codes to insert into the relevant cells on the log tables. If you were working alone (which will happen), please use the code for working alone or unsupervised.

Record only the predominant supervisor/activity or procedure that you undertook during each hour block i.e. more than 60% of that hour i.e. over half an hour.

Person	Example	Code
Registered nurse D*	Greater than 60% of your time was spent directly working with a RN eg you are participating in the same activity eg you are handing out medications together	101
Registered nurse I*	Less than 60% of your time was spent directly working with a RN i.e. you are not participating in the same activity as the RN, but they are providing you with guidance eg you are showering a resident and the RN is completing a care plan	102
Enrolled nurse D*	Greater than 60% of your time was spent directly working with an EN i.e. you are participating in the same activity eg you are undertaking wound management activities together	103
Enrolled nurse I*	Less than 60% of your time was spent directly working with an EN i.e. you are not participating in the same activity as the EN, but they are providing you with guidance eg you are showering a resident and the EN is making the bed	104
ECA or PCA D*	Greater than 60% of your time was spent directly working with an ECA/PCA eg you are participating in the same activity eg you are handing undertaking manual handling activities	105
ECA or PCA I*	Less than 60% of your time was spent directly working with an ECA/PCA ie you are not participating in the same activity as the ECA/PCA, but they are providing you with guidance eg you are assisting a resident with their meal and the ECA/PAC is feeding another resident	106
Other Health Workers	Working with a physiotherapist, diversional therapist, general practitioner	107
Working alone	Greater than 60% of your hour was spent working without any supervision/guidance eg sitting and doing uni work, preceptor on a break	108
Absent	Did not attend clinical practice	109
Sick leave	Unable to attend clinical practice due to illness/injury (certificate provided)	110
University staff	Working or meeting with a university staff member on this project or working with a clinical teacher in practice	111

* **D** represents direct supervision **I** represents indirect supervision

Activity or procedure	Example	Code
Handover	Attending or giving information relating to resident to other staff	201
Hygiene	Shower, bath, sponge, toileting, Dermalux, making beds, preparing clothes	202
Activities of daily living	Ambulation, manual handling, range of movement exercises, assisting resident with meals	203
Diversional therapy	Craft, TV, talking with resident	204
Medication management	Observing or planning delivery of medications (oral, rectal, IV, IMI, SC injections, peg, syringe driver, transdermal)	205
Medication administration	Participating in the delivery of medications (oral, rectal, IV, IMI, SC injections, peg, syringe driver, transdermal)	220
Wound assessment	Observation or participation in undertaking wound assessment or observing wound management	206
Wound management	Participation in wound management (wound field concept, debridement, swabbing, bandaging)	221
Observations	Temp, BP, Pulse, resps, BSL, pulse oxymetry	207
Documentation	Care plans, RCS documents, resident notes, OBS charts	208
University activities	Assignments (including interviewing resident), Bioscience revision	209
Other nursing procedures	Taking bloods, inserting catheter, catheter toilet, nasogastric feeds, oxygen therapy, resident transport	210
Non nursing activities	Mopping floors, stock take, tidying shelves	211
Doing nothing	Waiting for supervision (can't find RN), not knowing what to do, no suitable activities/procedures available	212
Orientation	Activities related to becoming familiar with the facility, policies, protocols,	213
Other activities	Please specify	214

Research meeting	Attending a meeting associated with this project	215
Absent	Did not attend clinical practice	216
Sick	Unable to attend clinical practice due to illness/injury (certificate provided)	217
Meal break	If meal break is more than 60% of hour block, more than half an hour	218
Physical assessment	Utilising knowledge and skills for physical and health assessments. Utilising assessment forms eg gait assessment, swallow assessment, pain assessment, continence assessment, mobility assessment.	219

Example of completed log:
Table one – what you actually did

Time	Monday			Tuesday			Wednesday			Thursday			Friday		
	Supervisor	Employee	Activity or procedure	Supervisor	Employee	Activity or procedure	Supervisor	Employee	Activity or procedure	Supervisor	Employee	Activity or procedure	Supervisor	Employee	Activity or procedure
0700-0800	RN direct	David	Injections	RN direct	Majory	Drug round	RN direct	David	Attended handover			Away all day sick	EN direct med endorsed	Lisa	Drug round

Table two – what we want recorded

Time	Monday			Tuesday			Wednesday			Thursday			Friday		
	Supervisor	Employee	Activity or procedure	Supervisor	Employee	Activity or procedure	Supervisor	Employee	Activity or procedure	Supervisor	Employee	Activity or procedure	Supervisor	Employee	Activity or procedure
0700-0800	101	102	205	101	101	205	101	102	201	110		217	103	104	207

Section 11– Appendices

Time	Monday			Tuesday			Wednesday			Thursday			Friday		
Week X	Supervisor	Employee	Activity	Supervisor	Employee	Activity	Supervisor	Employee	Activity	Supervisor	Employee	Activity	Supervisor	Employee	Activity
0700-0800															
0800-0900															
0900-1000															
1000-1100															
1100-1200															
1200-1300															
1300-1400															
1400-1500															
1500-1600															
1600-1700															
1700-1800															
1800-1900															
1900-2000															
2000-2100															
2100-2200															
2200-2300															

Appendix 11: Letter



UNIVERSITY
OF TASMANIA

6th April 2004

Dear

Thank you for your continued support towards student learning by agreeing to provide placements for second year nursing students in 2004 as a part of the unit *Supportive Care in Hospital and Community Settings 1*.

Supportive Care in Hospital and Community Settings 1 builds on studies undertaken in year one and is designed to develop a substantive framework of knowledge and skills. Students are currently exploring health issues associated with episodic and chronic illness while integrating a critical thinking approach. The students will be on placement for three weeks, Monday to Friday, and they are available for eight-hour shifts (morning and afternoon). The semester 1 placement commences on 10th May 2004 and concludes on 28th May 2004. The student names for this placement are attached to this letter.

Please find enclosed a copy of the study schedule, which outlines the content covered this semester, a condensed summary of the assessment tasks to be completed by each student while in practice and a *Clinical Placement Workbook*, which has been developed for the students. This workbook contains: a record of attendance; practice aims; a proposed weekly guide, and assessment items. Each student will be required to: submit nine 'Episodes of Practice'; demonstrate a satisfactory performance using identified cues (ANC National Nursing Competency Standards for the Registered Nurse), and demonstrate a developing sense of professional responsibility ('Towards Competence' sheet - a non assessable/compulsory item).

During the three-week placement a bat mobile phone (0408121352) will also be in use to answer any queries that may arise. In the meantime if you have any questions or comments please do not hesitate to call or email me.

Kind regards

Heidi Mc Dermott

Supportive Care in Hospital and Community Settings 1 Coordinator

Appendix 12: Analysis of Supervision and Placement Activities Log

Facility	Student	Employee Code	Week 1					Week 2					Week 3				# Shifts	Average Hrs/Shift								
			Day					Day					Day													
			1	2	3	4	5	1	2	3	4	5	1	2	3	4										
RACF 1	Student 19	RN103	6					7					2				3	5.0								
		Total # of hrs	6					7					2													
	Student 4	RN106	5										5				3	4.0								
		EN111	1										1						3	1.0						
		RN119	4					6					5								3	5.0				
		Total # of hrs	5					1	6	6	6				5	1										
RACF 6	Student 5	RN602						1	2				4				3	2.33								
		RN603	2					2					1						3	1.67						
		EN606	2	1	1	1	1	1					2	1							10	1.30				
		PCA612	3					2					1										4	2.25		
		Total # of hrs	2	4	5	4	2	1	3	2			5	2											4	
	Student 6	RN601	3	1					2									3							2.00	
		RN602						2									3		1.67							
		EN605	1	6	5	5	4	8	6						7	2				7	6	10				5.50
		Total # of hrs	4	6	6	5	4	8	8	2						8				2	7		6			
	Student 7	RN601	3						1	1				2	1					5	1.60					
		RN602						1						1				3	1.00							
		RN603	2					2					2				3					2.00				
		EN607	1					1					2										5	1.20		
		PCA609	1					1																	3	1.00
		Total # of hrs	3	2	3	2	2	4	2				2	2	1	3										

Facility	Student	Employee Code	Week 1					Week 2					Week 3				# Shifts	Average Hrs/Shift
			Day					Day					Day					
			1	2	3	4	5	1	2	3	4	5	1	2	3	4		
RACF 5	Student 9	EN505	8					2	3	6	2					5	4.20	
		PCA509	7					3		2	2					4	3.50	
		OTHER532	1	8	1			2								4	3.00	
		Total # of hrs	1	8	8	1	7	2	6	8	6							
		EN505	5					7	4	0	4					5	4.00	
	Student 10	PCA510	4					1				3					3	2.67
		OTHER527	1									2 1				3	1.33	
		EN529	3									6 7				3	5.33	
		Total # of hrs	3 4 1 5					7	4	5 3		8	8					
		Student 18	EN506	8 8 6					8	8	8			2				7
	Total # of hrs		8 8 6					8	8	8			2					
	Student 11	RN502	4	1				8					1				3	2.00
		EN507	6	7	5	8			8				6	2	3	4	9	5.44
		OTHER532	2 2				6				2 3				5	3.00		
		Total # of hrs	4	6	7	7	3	8	6		8			6	4	6	5	
RACF 4	Student 12	RN402	7 6 4					1				8 3				6	4.83	
		RN410	2					6	3					3	3.67			
		PCA419	1 1					1								3	1.00	
		Total # of hrs	2	8	7	4	0	6	5	0	0	0	0	0	8	3		
	Student 13	RN401	3	1				1									3	1.67
		OTHER422	1					1				2				3	1.33	
		Total # of hrs	3	1			1	1			1	2						
	Student 14	RN412	6 5					8 6								4	6.25	
		OTHER422	2					2				1				3	1.67	
		Total # of hrs	6 7					8 8				1						

Section 11– Appendices

Facility	Student	Employee Code	Week 1					Week 2					Week 3				# Shifts	Average Hrs/Shift	
			Day					Day					Day						
			1	2	3	4	5	1	2	3	4	5	1	2	3	4			
RACF 3	Student 1	RN305															3	6.00	
		EN307			6		2	6		8		6		7	6	7	8	6.00	
		PCA315						2	1								2	3	1.67
		Total # of hrs			6		2	8	1	8		6		6		8	8		
	Student 17	RN306			5			5	0		3						4	3.25	
		PCA312						3	2		5						3	3.33	
		Total # of hrs			17			10	18		20								
	Student 16	RN305												8		8	2	3	6.00
		EN307			6		2	6		8		6		7	6	7		8	6.00
		PCA315						2	1								2	3	1.67
		RN321	6		2								2					3	3.33
		Total # of hrs	6		8		2	8	1	8		6	7	8	7	8	8	4	
RACF 2	Student 2	RN203			7						3				1		3	3.67	
		RN201							1				8	8	8		6	5	6.20
		PCA227		8					2	8						6		4	6.00
		Total # of hrs		8					3	8			8	8	8	6	6		
	Student 3	PCA231									8	2				5		3	5.00
		Total # of Hours			7						8	5				18			
	Student 12	RN202		1					4					4				3	3.00
		RN204	6						2	1				1				4	2.50
		EN207		4		2							3	4		4		5	3.40
		PCA211		2		2		1	1					1	1	2		7	1.43
		RN215					2			2		3					5	4	3.00
		Total # of hrs	6	7	4		2	1	3	7		3	3	6	5	6	5		
	Student 13	EN207									3	2					2	3	2.33
		RN213		5		6		4										3	5.00
		PCA214		3				3				1						3	2.33
		PCA216							3				4		2			3	3.00
		PCA217								5				6	4			3	5.00
		Total # of hrs		8		6		7	3	5		3	3	4	6	6		2	

12. References

- Abbey, J., R. Elder, R. Thornton, P. Lemcke, J. Liddle and B. Abbey (2003). Clinical Placement in Residential Aged Care Facilities: Their impact on students' attitudes and career plans – a pilot study. Unpublished Report: Centre for Health Research, School of Nursing, QUT.
- AIHW (2003a). Residential aged care in Australia 2001-02: A statistical overview. Cat. no. AGE 29. Canberra, Australian Institute of Health and Welfare.
- AIHW (2003b). Nursing labour force 2002, AIHW cat NO. HWL 29. Labour Force Series No 29. Canberra.
- Andrews, M. and M. Wallis (1999): Mentorship in nursing: a literature review. *Journal of Advanced Nursing* 29 (1): 201-207.
- Angus, J. and R. Nay (2003): The paradox of the Aged Care Act 1997: the marginalisation of nursing discourse. *Nursing Inquiry* 10(2): 130-138.
- Atkins, S. and A. Williams (1995): Registered Nurses' experiences of mentoring undergraduate nursing students. *Journal of Advanced Nursing* 21(5): 1006-1015.
- Australian Department of Health and Ageing (2003). Clinical IT in aged care - Interim report. Canberra.
- Australian Nursing Federation (2004). The national Aged Care Phone-In, Australian Nursing Federation.
- Beattie, H. (1998): Clinical Teaching Models: A review of the role of preceptor in the undergraduate nursing program. *Australian Journal of Advanced Nursing* 15(4): 14-19.
- Bowling, A. and J. Fromby (1991): Nurses Attitudes Towards Elderly People. *Nursing Practice* 5: 16-24.
- Bowles, N. (1995): Story telling: A search for meaning within nursing practice. *Nurse Education Today*: 365-369.
- Braithwaite, V., D. Gibson and J. Holman (1986): *Age Stereotyping: Are we over simplifying the phenomenon?* Baywood Publishing Co., Canberra.
- Burke, L.M. (1994): Preceptorship and post registration nurse education. *Nurse Education Today*. 14: 60-66.
- Cahill, H. (1996): A qualitative analysis of student nurses' experiences of mentorship. *Journal of Advanced Nursing* 24: 791-799.
- Chater, K. (2002): Ageing: A body of resistance. *Nursing and Health Sciences* 4: 123-129.
- Chen, S.-l., J. Witucki, P. Melcher and M. A. McKibben (2001): Use of nursing homes in Baccalaureate nursing education. *Nursing and Health Sciences* 3: 57-61.
- Cheek, J., A. Ballantyne, J. Jones, G. Roder-Allen and S. Kitto (2002): Ensuring Excellence: An investigation of the issues that impact on the registered nurse providing residential care to older Australians. Adelaide, Centre for Research into Nursing and Health Care, University of South Australia.
- Chilvers, J. R. and D. Jones (1997): The teaching nursing homes innovation: a literature review. *Journal of Advanced Nursing* 26(3): 463-469.
- Clare, J. and A. van Loon (2003): Best practice principles for the transition from student to registered nurse. *Collegian* 10(4): 25-31
- Commonwealth Department of Health and Ageing (2003). Resident Classification Scale Review: February 2003-No. 43. Canberra, Aged Care Evaluation and Management Advisors, Publications Production Unit.

References

- Courtney, M. and V. Minichiello (1997): Aged care in Australia: a critical review of the reforms. *Journal of Ageing Studies* 11(3): 229.
- Department of Education; Science and Training and Department of Health and Ageing (2002a). National Review of Nursing Education: Literature reviews. Canberra, Ausinfo.
- Department of Education; Science and Training and Department of Health and Ageing (2002b). National Review of Nursing Education 2002: Our duty of care. Canberra, Ausinfo.
- Edgar, D. (1991). Ageing - Everybody's future, Australian Institute of Family Studies: 14-19.
- Edmond, C.B. (2001): A new paradigm for practice education. *Nurse Education Today* 21: 251-259.
- Edwards, H., H. Chapman, E. Forster, D. Gaskill, P. Morrison and F. Sanders (2003): Challenges associated with implementing an educational program in a residential aged care setting. *Australian Health Review* 26(3): 107-115.
- Elliot, M. (2002): The Clinical Environment: A Source Of Stress For Undergraduate Nurses. *Australian Journal of Advanced Nursing* 20(1): 34-38
- Epston, D. and M. White (1992): Consulting your consultants: The documentation of alternative knowledges. In: D. Epston and M. White (ed.) *Experience, contradiction, narrative and imagination: Selected papers of David Epston & Michael White 1989-1991*, pp. 11-26. Dulwich Centre Publications, Adelaide.
- Ersek, M., B.M. Kraybill and J. Hansberry (1999): Investigating the educational needs of licences nursing staff and certified nursing assistants in nursing homes regarding end-of-life care: Three studies. *American Journal of Hospice and Palliative Care* 16: 573-582.
- Fagerberg, I., B. Winbald and S. Ekman (2000): Influencing Aspects in Nursing Education on Swedich Nursing Students Choices of First Work Area as Graduated Nurses. *Journal of Nursing Education* 39(5): 211-218.
- Fassett, D. and M. R. Gallagher (1998): *Just a Head - Stories in a body*. Allen & Unwin, St. Leonards.
- Gerrish, K. (2000): Still Fumbling Along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse. *Journal of Advanced Nursing* 32(2): 473-480
- Giroux, H. (1988): Literacy and the pedagogy of voice and political empowerment. *Educational Theory* 38: 61-75.
- Godinez, G., J. Schweiger, J. Gruver and P. Ryan (1999): Role Transition From Graduate to Staff Nurse: A qualitative Analysis *Journal for Nurses in Staff Development* 15(3): 97-110.
- Guba, E. G. and Y. S. Lincoln (1989): *Fourth Generation Evaluation*. Sage Publications, Newbury Park.
- Hagerty, B. and K. Patusky (1995): Developing a measure of sense of belonging. *Nursing Research* 44: 9-13
- Happell, B. (1999): When I grow up I want to be a...? Where undergraduate student nurses want to work after graduation. *Journal of Advanced Nursing* 29(2): 499-505.
- Happell, B. (2002): The role of nursing education in the perpetuation of inequality. *Nurse Education Today* 22: 632-640.
- Happell, B. and J. Brooker (2001): Who will look after my grandmother? Attitudes of student nurses toward the care of older adults. *Journal of Gerontological Nursing* 27(12): 12-17.
- Hartley, L., P.M. Bentz and J.R. Ellis (1995). The effect of early nursing home placement on student attitudes toward the elderly. *Journal of Nursing Education* 33(3): 128-130.

- Hayes, E. F. (2001): Factors that facilitate or hinder mentoring in the Nurse Practitioner Preceptor/Student relationship. *Clinical Excellence for Nurse Practitioners* 5(2): 111-118.
- Healy, J. and S. Richardson (2003). Who cares for the elders? - What we can and can't know from existing data. Adelaide, National Institute of Labour Studies, Flinders University.
- Herdman, E. (2002): Challenging the discourses of nursing ageism. *International Journal of Nursing Studies* 39: 105-114.
- Hogan, W. P. (2004). Review of pricing arrangements in residential aged care. Canberra, Aged Care Price Review Taskforce, Commonwealth Department of Communications, Information Technology and the Arts.
- Howard, G. (1991): Culture Tales: A narrative approach to thinking, cross-cultural psychology and psychotherapy. *American Psychologist* 46(3): 187-197.
- Joy, J. P., D. E. Carter and L. N. Smith (2000): The evolving educational needs of nurses caring for the older adult: a literature review. *Journal of Advanced Nursing* 31(5): 1039-1045.
- Katz, P., J. Karuza and S. Counsell (1995): Academics and the nursing home. *Clinics in Geriatric Medicine* 11: 762-770.
- Kirkpatrick, M. K., S. F. Ford and B. P. Costello (1997): Story telling - An approach to client-centred care. *Nurse Educator* 22(2): 38-40.
- Koch, T. and C. Webb (1996): The biomedical construction of ageing: Implications for nursing care of older people. *Journal of Advanced Nursing* 23: 954-959.
- Kramer, M. (1974): *Reality Shock: Why Nurses Leave Nursing*. St Louis: Mosby.
- Landmark, T. H., G. Strom Hansen, I. Bjones and A. Bohler. (2003): Clinical Supervision-factors defined by nurses as influential upon the development of competence and skills in supervision. *Journal of Clinical Nursing* 12: 834-841
- Lather, P. (1991): *Getting Smart - Feminist research and pedagogy with/in the postmodern*. Routledge, London.
- Letizia, M. and J. Jennrich (1998): A review of preceptorship in undergraduate nursing education: Implication for staff development. *The Journal of Continuing Education in Nursing* 29(5): 211-216
- Löfmark, A. and K. Wikblad (2001): Facilitating and obstructing factors for development of learning in clinical practice: a student perspective. *Journal of Advanced Nursing* 34(1): 43-50.
- Mathews, J. and C. Nunley (1992): Rejuvenating Orientation to Increase Nurse Satisfaction and Retention. *Journal of Nursing Staff Development* July/August: 159-164.
- McCarty, M. and A. Higgins (2003): Moving to an all graduate profession: preparing preceptors for their role. *Nurse Education Today* 23: 89-95.
- McGuiness, M. and Y. Wadsworth (1991): *Understanding anytime: A consumer evaluation of an acute psychiatric hospital*. Victorian Mental Illness Awareness Council, Melbourne.
- Menzies, B. (2002). 'Talking the Talk': A critical exploration of registered Nurses' experiences of the transfer of resident care information from unregulated workers. Unpublished Bachelor of Nursing (Hons) thesis, Launceston, Tasmanian School of Nursing.
- Myrick, F. and C. Barrett (1994): Selecting Clinical Preceptors for basic baccalaureate nursing students: A critical issue in clinical teaching. *Journal of Advanced Nursing* 19: 194-198
- Nay, R., S. Garratt and S. Koch (1999): Challenges for Australian nursing in the International Year of Older Persons. *Geriatric Nursing* 20: 14-17.
- Nehls, N. (1995): Narrative pedagogy: Rethinking nursing education. *Journal of Nursing Education* 34(5): 204-210.

- Nolan, C. (1998): Learning on Clinical Placement: the experiences of six Australian student nurses. *Nurse Education Today* 18: 622-629
- Nursing Board of Tasmania (2003). Guidelines for the Supervision of Students in the Practice Setting. Hobart, Tasmania, NBT: 1-4.
- Ohrling, K. and I.R. Hallberg. (2000): Student nurses' lived experience of preceptorship Part 2 – the preceptor –preceptee relationship. *International Journal of Nursing Studies* 37: 25-36
- Ohrling, K and I.R. Hallberg (2001): The meaning of preceptorship: nurses' lived experience of being a preceptor. *Journal of Advanced Nursing* 33(4): 530-540
- Pearson, A., R. Nay, S. Koch, C. Ward, C. Andrews and A. Tucker (2001). Australian aged care nursing: A review of education, training, recruitment and retention in residential and community settings. National review of nursing education. Canberra, Commonwealth of Australia.
- Queensland University of Technology (2004). Aged care core component in undergraduate nursing curricula: principles paper. Kelvin Grove, Queensland University of Technology, School of Nursing.
- Richardson, S. and B. Martin (2004). The care of older Australians - a picture of the residential aged care workforce. Adelaide, National Institute of Labour Studies, Flinders University.
- Rideout, E. M. (1994): 'Letting go': rationale and strategies for student-centred approaches to clinical teaching. *Nurse Education Today* 14: 146-151.
- Robinson, A., K. Cubit, B. Francis, R. Bull, J. Crack and Y. Webber (2002). Making Connections in Aged Care: The report on the residential aged care preceptor project. Launceston, Tasmanian School of Nursing, University of Tasmania.
- Robinson, A., K. Cubit, L. Venter and M. Fassett (2004). Building Connections in Aged Care: Developing support structures for student nurses on placement in residential care - Stage one report. Hobart, Tasmanian School of Nursing, University of Tasmania.
http://www.healthsci.utas.edu.au/tson/research/projects/building_connections.html.
- Robinson, A., K. Cubit, L. Venter, L. Jongeling, B. Menzies, M. Fassett, C. Mather and S. Andrews (2004). Building Connections in Aged Care: Developing Support Structures for Student Nurses on Placement in Residential Care - Stage 2 Report. SNM Aged Care Report No. 3. Hobart, Tasmania, School of Nursing and Midwifery, University of Tasmania.
http://www.healthsci.utas.edu.au/tson/research/projects/building_connections.html.
- Robinson, A., F. McInerney, M. Sherring and A. Marlow (1999): Developing a collaborative preceptorship program involving registered nurses, student nurses and faculty. *Australian Journal of Advanced Nursing* 17(1): 13-21.
- Sheffler, S. (1998): Clinical placement and correlates affecting student attitudes toward the elderly. *Journal of Nursing Education* 37(5): 216-218.
- Smyth, J. and G. Shacklock (1998): Behind the 'cleansing' of socially critical accounts. In: G. Shacklock and J. Smyth (ed.) *Being reflexive in critical education and social research*, pp. 1-12. Falmer Press, London.
- Speers, A., N. Strzyzewski and L. Ziolkowski (2004): Preceptor Preparation: An Investment in the Future. *Journal for Nurses in Staff Development* 20(3): 127-133
- Squires, S. (2002): New Graduate Orientation in the Rural Community. *The Journal of Continuing Education in Nursing* 33(5):203-209
- Stevens, J. and J. Herbert (1997). Ageism and nursing practice in Australia. Deakin, Royal College of Nursing, Australia.
- Stevens, J. A. and M. Crouch (1992): Working with the Elderly: do student nurses care for it? *Australian Journal of Advanced Nursing* 9: 12-17

References

- Tagliareni, E. (1991). What and How of Student Learning Activities. In: Waters, V. (Ed.) *Teaching Gerontology*, pp. 65-91. New York: National League for Nursing Press.
- Tatano Beck, C. (1996): Nursing students experiences caring for cognitively impaired elderly people. *Journal of Advanced Nursing* 23: 992-998.
- Thomka, L. (2001): Graduate Nurses' Experiences of Interactions with Professional Nursing Staff during Transition to the Professional Role. *The Journal of Continuing Education in Nursing* 32(1): 15-19
- Twinn, S. and S. Davies (1996): The supervision of Project 2000 students in the clinical setting: issues and implications for practice. *Journal of Clinical Nursing* 5: 117-183
- Wade, S. (1999): Promoting quality of care for older people: developing positive attitudes to working with older people. *Journal of Nursing Management* 7: 339-347.
- Watson, N. (1999): Mentoring today – the students' views. An investigative case study of pre-registration nursing students' experiences and perceptions of mentoring in one theory/practice module of the Common Foundation Programme on a Project 2000 course. *Journal of Advanced Nursing* 29(1): 254-262.
- White, M. (1992a): Deconstruction and Therapy. In: D. Epston and M. White (ed.) *Experience, contradiction, narrative and imagination: Selected papers of David Epston & Michael White 1989-1991*, pp. 109-151. Dulwich Centre Publications, Adelaide.
- White, M. (1992b): Family therapy training and supervision in a world of experience and narrative. In: D. Epston and M. White (ed.) *Experience, contradiction, narrative and imagination: Selected papers of David Epston & Michael White 1989-1991*, pp. 75-95. Dulwich Centre Publications, Adelaide.
- Wilson-Barnett, J., T. Butterworth, E. White, et al (1995): Clinical support and the project 2000 nursing student: factors influencing this process. *Journal of Advanced Nursing* 21: 1152-1158
- Winter-Collins, A. and A. McDaniel (2000): Sense of Belonging and New Graduate Job Satisfaction. *Journal for Nurses in Staff Development* 16(3): 103-111
- Yonge, O., H. Krahn, L. Trojan, and D. Reid (1997): Through the eyes of the preceptor. *Canadian Journal of Nursing Administration* 29(4): 68-85.
- Young, I. M. (1997): *Intersecting voices: Dilemmas of gender, political philosophy and policy*. New Jersey University Press, Princeton.